



County of San Bernardino

F A S

**STANDARD
CONTRACT**

FOR COUNTY USE ONLY

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------------|------------------------------|--------|
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel | Vendor Code REDLAND171 | | SC | Dept. ADS | A | Contract Number | |
| County Department Behavioral Health | | | Dept. ADS | Orgn. ADS | Contractor's License No. | | |
| County Department Contract Representative Armand Freitas | | | Telephone (909) 421-9460 | | Total Contract Amount \$2,633,139 | | |
| Contract Type <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other: | | | | | | | |
| If not encumbered or revenue contract type, provide reason: _____ | | | | | | | |
| Commodity Code | | Contract Start Date 07/01/2003 | Contract End Date 06/30/2006 | Original Amount \$2,633,139 | Amendment Amount | | |
| Fund AAA | Dept. ADS | Organization ADS | Appr. 200 | Obj/Rev Source 2445 | GRC/PROJ/JOB No. | Amount \$2,633,139 | |
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. | Amount | |
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. | Amount | |
| Project Name Alcohol and Drug Outpatient Services | | | Estimated Payment Total by Fiscal Year | | | | |
| | | | FY | Amount | I/D | FY | Amount |
| | | | 03-04 | \$877,713 | | | |
| | | | 04-05 | \$877,713 | | | |
| Contract Type – 2(b) | | | 05-06 | \$877,713 | | | |

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

Redlands-Yucaipa Guidance Clinic Assn.

hereinafter called Contractor

Address

P.O. Box 7369

Redlands, CA 92375-0369

Telephone

(909) 335-7067

Federal ID No. or Social Security No.

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

WITNESSETH:

WHEREAS, County desires to enter into an Agreement with Contractor whereby Contractor will provide alcohol and/or drug services in accordance with the requirements of the Health and Safety Code, Division 10.5, Parts 2 and 3; and Title 22 of the California Code of Regulations and related directives as they pertain to Medi-Cal; and

WHEREAS, Contractor is willing to furnish such services upon the terms hereinafter set forth;

WHEREAS, this Agreement is authorized by one of the following Sections of the Health

and Safety Code: 11812(b); 11796.1; 11991.6(a);

NOW, THEREFORE, in consideration of the mutual promises, covenants and conditions hereinafter contained, the parties hereto do mutually agree as follows:

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I. DEFINITION OF TERMINOLOGY

1. Wherever in this document, and in any attachments hereto, the terms "contract" and/or "agreement" are used to describe the conditions and covenants incumbent upon the parties hereto, these terms are interchangeable.
2. **Definition of May, Shall and Should.** Whenever in this document the words "may", "shall" and "should" are used, the following definitions shall apply: "may" is permissive; "shall" is mandatory; and "should" means desirable.
3. The term "ADS" refers to the County Department of Behavioral Health, Alcohol and Drug Services.
4. The term "unit of service" means a person-to-person contact, regardless of time, which results in a record of therapeutic experience in a patient's chart. Telephone contacts are not a reportable unit of service.
5. The term "service hour" refers to the time spent by Contractor staff to deliver alcohol/drug program services.
 - a. With respect to alcohol/drug prevention services, a service hour includes staff time spent in performing prevention services as well as travel time and time spent in preparing substance abuse prevention literature and mass media advertisements. Time spent in developing or establishing program objectives and methodologies, preparing for presentations or in performing other administrative functions is excluded from the service hour definition.
 - b. With respect to alcohol/drug treatment services, a service hour includes staff time spent conducting client visits, collateral visits, and group treatment sessions. Time spent staffing client charts and documenting treatment sessions in the charts is also included in the service hour definition. Other administrative time, such as scheduling appointments, is excluded from the service hour definition.

II. CONTRACT SUPERVISION

The Director, Department of Behavioral Health (DBH), hereinafter referred to as Director, or designee, shall be the County employee authorized to represent the interests of the County in carrying out the terms and conditions of this contract. The Contractor shall provide in writing to the County the names of the persons who are authorized to represent the Contractor in this contract.

III. ADMINISTRATIVE PROCEDURES

1. Contractor agrees to adhere to all applicable provisions contained in the **ADS Manual for Contract Agencies**, which is made a part hereof by this reference. A copy of said document has been provided to the Contractor. In agreeing to the terms of this contract, Contractor acknowledges full understanding of the provisions of the referenced documents and agrees to operate the respective alcohol and/or drug programs in accordance with the provisions of the documents and the provisions of this contract. At the option of the County, changes may be made during the contract period to the **ADS Manual for Contract Agencies**. Such changes, when made, will be binding on the Contractor.
2. Contractor, if receiving Medi-Cal funding, shall comply with all requirements and procedures established by the State, County, and Federal Governments, including those for quality improvement, and including, but not limited to, submission of periodic reports to the County and staff assignments for quality improvement and coordination duties.
3. Contractor agrees that no part of any federal funds provided under this contract shall be used to support lobbying activities to influence proposed or pending Federal or State legislation or appropriations.
4. Contractor agrees that no part of any federal funds provided under this contract shall be used to pay the salary of an individual at a rate in excess of \$166,700 per year.

5. Contractor shall not use any state or federal funds to provide direct, immediate or substantial support to any religious activity.
6. If Contractor is not licensed or certified by the State, Contractor shall submit organizational documents to County within 30 days of execution of this contract, or within 90 days of annual renewal or continuation of this contract, or when there has been a change in name or ownership. Organizational documents shall include Contractor's Articles of Incorporation or Partnership Agreements, business licenses, fictitious name permits, and such other information and documentation as may be requested by County.

IV. FORMER COUNTY OFFICIALS

Contractor agrees to provide or has already provided information on former County of San Bernardino administrative officials (as defined below) who are employed by or represent Contractor. The information provided includes a list of former county administrative officials who terminated county employment within the last five years and who are now officers, principals, partners associates or members of the business. The information also includes the employment with or representation of Contractor. For purposes of this provision, "county administrative official" is defined as a member of the Board of Supervisors or such officer's Staff, County Administrative Officer or member of such officer's staff, county department or group head, assistant department or group head, or any employee in the Exempt Group, Management Unit or Safety Management Unit. If during the course of the administration of this agreement, the County determines that the Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the County, this contract may be immediately terminated. If this contract is terminated according to this provision, the County is entitled to pursue any available legal remedies.

V. INDEPENDENT CONTRACTOR STATUS

Contractor understands and agrees that the services performed hereunder by its officers,

agents, employees or contracting persons or entities are performed in an independent capacity and not in the capacity of officers, agents or employees of County. All personnel, supplies, equipment, furniture, quarters and operating expenses of any kind required for the performance of this contract shall be provided by Contractor in providing the contracted services. County equipment, excess to the needs of the County, may be provided to the Contractor in support of performance of this contract at a cost to be determined by the County.

VI. INDEMNIFICATION AND INSURANCE

1. **Indemnification** - The Contractor agrees to indemnify, defend and hold harmless the County and its authorized agents, officers, volunteers and employees from any and all claims, actions, losses, damages and/or liability arising from Contractor's acts, errors or omissions and for any costs or expenses incurred by the County on account of any claim therefore, except where such indemnification is prohibited by law.
2. **Insurance** - Without in any way affecting the indemnity provided and in addition thereto, the Contractor shall secure and maintain throughout the contract the following types of insurance with limits as shown:

- a. **Workers' Compensation** - A program of Workers' Compensation insurance or a State-approved Self-Insurance Program in an amount or form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with \$250,000 limits, covering all persons providing services on behalf of the Contractor and all risks to such persons under this Agreement.

If Contractor has no employees, it may certify or warrant to County that it does not currently have any employees or individuals who are defined as "employees" under the Labor Code and the requirement for Workers' Compensation coverage will be waived by the County's Risk Manager.

With respect to Contractors that are non-profit corporations organized under California or Federal law, volunteers for such entities are required to be covered

by Workers' Compensation insurance. If the County's Risk Manager determines that there is no reasonably priced coverage for volunteers, evidence of participation in a volunteer insurance program may be substituted.

- b. **Comprehensive General and Automobile Liability Insurance** - This coverage to include contractual coverage and automobile liability coverage for owned, hired and non-owned vehicles. The policy shall have combined single limits for bodily injury and property damage of not less than one million dollars (\$1,000,000).
 - c. **Errors and Omissions Liability Insurance** - Combined single limits of \$1,000,000 for bodily injury and property damage and \$3,000,000 in the aggregate or
 - d. **Professional Liability** - Professional liability insurance with limits of at least \$1,000,000 per claim or occurrence.
3. **Additional Named Insured** - All policies, except for the Workers' Compensation, Errors and Omissions and Professional Liability policies, shall contain additional endorsements naming the County and its employees, agents, volunteers and officers as additional named insured with respect to liabilities arising out of the performance of services hereunder.
4. **Waiver of Subrogation Rights** - Except for the Errors and Omissions Liability and Professional Liability, Contractor shall require the carriers of the above required coverages to waive all rights of subrogation against the County, its officers, volunteers, employees, agents, contractors and subcontractors.
5. **Policies Primary and Non-Contributory** - All policies required above are to be primary and non-contributory with any insurance or self-insurance programs carried or administered by the County.
6. **Proof of Coverage** - Contractor shall immediately furnish certificates of insurance to the County Department administering the contract evidencing the insurance coverage,

including endorsements, above required prior to the commencement of performance of services hereunder, which certificates shall provide that such insurance shall not be terminated or expire without thirty (30) days' written notice to the Department, and Contractor shall maintain such insurance from the time Contractor commences performance of services hereunder until the completion of such services. Within sixty (60) days of the commencement of this Agreement, the Contractor shall furnish certified copies of the policies and endorsements.

7. **Insurance Review** - The above insurance requirements are subject to periodic review by the County. The County's Risk Manager is authorized, but not required, to reduce or waive any of the above insurance requirements whenever the Risk Manager determines that any of the above insurance is not available, is unreasonably priced, or is not needed to protect the interests of the County. In addition, if the Risk Manager determines that heretofore unreasonably priced or unavailable types of insurance coverage or coverage limits become reasonably priced or available, the Risk Manager is authorized, but not required, to change the above insurance requirements to require additional types of insurance coverage or higher coverage limits, provided that any such change is reasonable in light of past claims against the County, inflation, or any other item reasonably related to the County's risk.

Any such reduction or waiver for the entire term of the Agreement and any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this Agreement. Contractor agrees to execute any such amendment within thirty (30) days of receipt.

The County agrees to indemnify and hold harmless the Contractor and its authorized agents, officers, volunteers and employees from any and all liabilities for injury to persons and damage to property arising out of any negligent act or omission of the County, its officers, employees, agents or volunteers in connection with performance of this Agreement.

VII. FEE ASSESSMENT AND COLLECTION

1. **Drug Programs.** Client fees shall be charged for treatment services provided under the provisions of this Agreement based upon the client's financial ability to pay for service. Fees charged shall approximate estimated actual cost of providing services, and no person shall be excluded from receiving services based solely on lack of financial ability to make payment toward the cost of providing services. The fee system must be in writing and shall be a matter of public record. In establishing fees to clients, a fee system shall be used which conforms to the following guidelines and criteria as prescribed in Section 11991.5 of the California Health and Safety Code:

- a. The fee system shall be equitable.
- b. The fee charged shall not exceed the actual cost of providing services.
- c. The fee system shall consider the client's income and expenses.
- d. The fee system shall be approved by the Director or designee.

To ensure an audit trail, Contractor shall maintain all of the following records:

- (1) Fee assessment schedules and collection records.
- (2) Documents in each client's file showing client's income and expenses, and how each was considered in determining fees.

2. **Alcohol Programs.** In compliance with Section 11841 of the California Health and Safety Code:

- a. The Contractor shall set fees and follow fee assessment and collection practices that promote recovery from problem drinking, provided that the method of establishing such fees and methods of collection practice will not result in the denial or withholding of alcohol services because of the client's inability to pay for such services. The fee requirements shall not apply to prevention and early intervention activities.

- b. The Director or designee shall approve the Contractor's fee assessment system, which shall describe how the Contractor charges fees and which must take into consideration the Client's income and expenses. The fee system must be in writing and shall be a matter of public record. A fee system shall be used which conforms to the following guidelines and criteria:

- (1) The fee system shall be equitable.
- (2) The fee charged shall not exceed the actual cost of providing services.
- (3) The fee system shall consider the client's income and expenses.
- (4) The fee system shall be approved by the Director or designee.

To ensure an audit trail, Contractor shall maintain all of the following records:

- (a) Fee assessment schedules and collection records.
- (b) Documents in each client's file showing client's income and expenses, and how each was considered in determining fees.

VIII. CONFIDENTIALITY

1. Contractor shall comply with all state and federal statutes and regulations regarding confidentiality, including but not limited to, the confidentiality of information requirements in 42 United States Code Section 290 dd-2; Title 42, Code of Federal Regulations Part 2; Welfare and Institutions Code Sections 5328 et seq and 14100.2; Sections 11878, 11812, and 11977 of the Health and Safety Code; and Title 22, California Code of Regulations Section 51009.
2. No list of persons receiving services under this contract shall be published, disclosed, or used for any purpose except for the direct administration of the program or other uses authorized by law that are not in conflict with requirements for confidentiality listed above.
3. Pursuant to the Health Insurance Portability And Accountability Act of 1996 (HIPAA), regulations have been promulgated governing the privacy of individually identifiable health information. Contractor is a covered entity in accordance with HIPAA regulations (45 CFR § 160.103). Accordingly, Contractor is mandated to comply with the HIPAA Privacy Rule standards, requirements, and implementation specifications codified in 45 CFR Parts 160 and 164. Contractor will disclose Protected Health Information to appropriate County of San Bernardino personnel for the purposes of treatment, payment, and health care operations in accordance with 45 CFR § 164.506.

IX. NONDISCRIMINATION

1. **General.** Contractor agrees to serve all persons without regard to race, color, sex, religion, national origin or ancestry, pursuant to Civil Rights Act of 1964, as amended, (42 USCA Section 2000 d) and Executive Order #11246, September 24, 1965, as amended, Age Discrimination Act of 1975 (42 USC 6101), Rehabilitation Act of 1973 (29 USC 794), Title 45, Code of Federal Regulations, Part 84.6; and provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.)
2. **Handicapped.** Contractor agrees to comply with the Americans with Disabilities Act

of 1990, (42 U.S.C. 12101 et. seq.) which prohibits discrimination on the basis of disability, as well as all applicable Federal and State laws and regulations, guidelines and interpretations issued pursuant thereto.

3. **Contract Compliance.** Contractor agrees to comply with the provisions of Executive Orders 11246, 11375, 11625, 12138, 12432, 12250, Title VI of the Civil Rights Act of 1964, the California Fair Employment and Housing Act, San Bernardino County ESBE Policy No. 11-15, and any other applicable federal, state and county laws, regulations, and policies relating to equal employment and contracting opportunities, including laws and regulations hereafter enacted. Information on these rules and regulations may be obtained from the Contract Compliance Manager of the County of San Bernardino at (909) 387-2139.
4. **Sexual Harassment.** Contractor agrees that clients have the right to be free from sexual harassment and sexual contact by members of the treatment, recovery, advisory, or consultant staff.
5. **Cultural and Linguistic Competency.** Cultural competence is defined as a set of congruent practice behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers and professionals that enable that system, agency, or those professional and consumer providers to work effectively in cross-cultural situations.
 - a. The Contractor shall be required to assess the demographic make-up and population trends of its service area to identify the cultural and linguistic needs of the eligible beneficiary population. Such studies are critical to designing and planning for the provision of appropriate and effective substance abuse treatment services.
 - b. There is recognition by the DBH that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards

the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. The provision of medically necessary specialty substance abuse treatment in a culturally competent manner is fundamental in any effort to ensure success of high quality and cost-effective substance abuse treatment. Providing services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost-effective.

c. To assist the Contractor's efforts towards cultural and linguistic competency:

- (1) DBH shall provide technical assistance to the Contractor regarding cultural competency implementation.
- (2) DBH shall provide demographic information to Contractor on service area for services planning.
- (3) DBH shall provide cultural competency training for Department and Contractor personnel. Contractor staff are encouraged to attend at least one cultural competency training per year.
- (4) DBH shall provide interpreter training for Department and Contractor personnel.
- (5) DBH shall provide technical assistance for Contractor in translating substance abuse treatment information to Spanish.

X. DRUG FREE WORKPLACE

By signing this contract the Contractor certifies under penalty of perjury under the laws of the State of California that the Contractor will comply with the requirements of the Drug Free Workplace Act of 1990 (Gov. Code § 8350 et seq.), and the Pro-Children Act of 1994, and will provide a drug free workplace by taking the following actions:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's or organization's work place and specifying the actions that will be taken against employees for violations of the prohibitions as required by Government Code section 8355 (a).
2. Establish a drug-free awareness program as required by Government Code section 8355(b) to inform employees about all of the following:
 - a. The dangers of drug abuse in the work place;
 - b. The person's or organization's policy of maintaining a drug-free work place;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations.
3. Provide, as required by Government Code section 8355 (c), that every employee engaged in the performance of the contract:
 - a. Be given a copy of the Contractor's drug-free policy statement; and
 - b. As a condition of employment on the contract, agree to abide by the terms of the statement.
4. Failure to comply with these requirements may result in suspension of payments under the contract or termination of the contract or both, and the Contractor may be ineligible for future County or State contracts if the County or State determines that any of the following has occurred:
 - a. The Contractor has made false certification, or

- b. The Contractor has violated the certification by failing to carry out the requirements as noted above.

XI. PERSONNEL

1. Under the terms of this contract, the Contractor is an independent contractor, and therefore neither the staff nor employees of the Contractor are, nor shall they become, employees of the County. Contractor staff and employees shall not be entitled to any rights, privileges or benefits provided to County employees.
2. Contractor shall furnish such qualified professional personnel prescribed by Title 9 of the California Code of Regulations as are required for the types of services Contractor shall perform, which services are described in such addenda as may be attached hereto and/or in the **ADS Manual for Contract Agencies**.
3. Contractor certifies that neither it nor its principles is presently disbarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. Where the Contractor is unable to certify to any of the aforesaid, such Contractor shall attach an explanation to this contract.

XII. PERFORMANCE

1. Recovery is an approach to helping the individual to live a healthy, satisfying, and hopeful life despite limitations and/or continuing effects caused by his or her substance abuse. "Rehabilitation" is a strength-based approach to skills development that focuses on maximizing an individual's functioning. Services will support the individual in accomplishing his/her desired results. Program staffing should be multi-disciplinary and reflect the cultural, linguistic, ethnic, age, gender, sexual orientation and other social characteristics of the community which the program serves. Families, caregivers, human service agency personnel and other significant support persons should be encouraged to participate in the planning and implementation process in responding to the individual's needs and desires, and in facilitating the individual's

choices and responsibilities. Recovery programs by design may employ credentialed personnel and/or others with expert knowledge and experience in the alcohol and other drug treatment and recovery field.

2. It is believed that all clients can recover, even if that recovery is not complete. The Recovery approach involves collaborating with the client to facilitate hope and empowerment, with the goals of counteracting internal and external “stigma”, improving self-esteem, encouraging client self-management of his/her life including making his/her own choices and decisions, re-integrating the client back into his/her community as a contributing member, and achieving a satisfying and fulfilling life.
3. Under this Agreement Contractor shall provide those services which are dictated by attached addenda and/or exhibits. Contractor agrees to be knowledgeable in and apply all pertinent Federal and State laws and regulations as referenced in the body of this Agreement, and the **ADS Manual for Contract Agencies**. In the event information in the attachments conflicts with the basic Agreement, then information in the attachments shall take precedence to the extent permitted by law.

XIII. FUNDING

1. This Agreement is contingent upon sufficient funds being made available by Federal, State and/or County governments for each of the three years of the term of the Agreement.
2. The maximum annual financial obligation of County under this Agreement shall not exceed the sum of Two Million, Six Hundred Thirty-Three Thousand, One Hundred Thirty-Nine Dollars (\$2,633,139). The maximum financial obligation is further limited by fiscal year, funding source, and service modalities as delineated on the attached Schedule(s) A. Funds may not be transferred between funding sources nor modes of services without the prior written approval of the Director or designee.
3. Contractor will determine, on a case by case basis, client eligibility for or

entitlement to any and all of the funding streams used by the County for these services, as identified in the **ADS Manual For Contract Agencies**, to pay for services under the terms and conditions of this contract and will bill County for those services pursuant to the instructions in the **ADS Manual For Contract Agencies**.

4. The Contractor shall be entitled to reimbursement for Drug/Medi-Cal units of service based on the lesser of actual cost, the Contractor's usual and customary charge to the general public for the same or similar service, or the rates established annually by the State Budget Act.
5. The Contractor shall be entitled to reimbursement for all other units of service, for which there is budget, based on actual cost after deducting reportable revenues as defined in paragraph 7 below.
6. Contractor will only be paid for reimbursable services entered correctly into the San Bernardino Information Management On-line Network (SIMON) System. Services must be entered into SIMON no later than thirty (30) days from date of service.
7. Reportable revenues are fees paid by persons receiving services or fees paid on behalf of such persons by the Federal Government, by the California Medical Assistance Program (set forth commencing with Section 14000 of the Welfare and Institutions Code) and by other public or private sources.
8. In no instance will the Contractor be reimbursed more than the actual net cost of delivering services under this contract.
9. In the event of a reduction of County's allocation of federal, state or county funding for alcohol and/or drug programs, Contractor agrees to accept a reduction in funding under this contract to be determined by the County.
10. The Contractor agrees to accept a reduction of the dollar value of the contract, at the option of the County, if in any fiscal year the projected savings, based on claims

submitted through December 31, are more than 5% of the net annual amount of the contract by service modality.

11. At the County's option the contract may be amended and the dollar value of the contract reduced if during the period July 1 through December 31 of each contract year the service hours performed, as reported in SIMON, are less than 90% of the service hours budgeted for that period by the Contractor in its budgetary submission to the County in support of the contract.

XIV. ACCOUNTABILITY - REVENUE

Total revenue collected pursuant to this Agreement from fees collected for services rendered and/or claims for reimbursement from the County shall not exceed the cost of services delivered by the Contractor.

XV. AUDITING AND EXCEPTIONS

1. Contractor agrees to maintain and retain all appropriate service records for a period of at least seven (7) years and financial records for a period of at least five (5) years, or until audit findings are resolved, whichever is later.
2. Contractors which use audit firms shall require such firms to permit access by the State to the working papers of the audit firm, and copies of said papers shall be made available to the State and County as is reasonable and necessary.
3. Financial records shall be kept by Contractor so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
4. Contractor agrees to furnish duly authorized representatives from County or State access to client records necessary to review or audit contract services and to disclose all financial transactions that pertain to the subject services to the extent

permitted by Title 42, CFR, Part 2. In any other situation wherein records are being accessed, Contractor agrees to obtain from the persons seeking access a confidentiality statement similar to that set forth in Welfare and Institutions Code 5328(e). The refusal of a Contractor to permit access to and inspection of books, records, and facilities as described in this part may result in immediate termination of this agreement by the County.

5. If results of an audit or on-site review indicate that funds reimbursed to Contractor under this Agreement were in excess of supported actual costs of furnishing the services, the difference shall be reimbursed to the County by the Contractor.
6. If results of an audit or on-site review indicate that service hours reported by the Contractor are not documented in accordance with the State of California Alcohol and/or Other Drug Program Certification Standards, July 1, 1999, reimbursement shall be made by the Contractor to the County, at the County's option, on the basis of the number of undocumented service hours times the cost per service hour for the month in which the undocumented service hours were reported to the County.
7. Reimbursement to the County by the Contractor, under Subparagraphs 5 and 6 above, will be made using one of the following methods, which shall be at the election of the County:
 - a. Cash payment of total.
 - b. Cash payments on a monthly schedule of reimbursements. Failure to remit scheduled payments, at the County's option, may result in demand for immediate payment of balance due in full or immediate termination of this contract.

XVI. FINAL SETTLEMENT - AUDIT

Pursuant to OMB Circular A-133, Contractors expending \$300,000 or more in Federal funds in a year through a contract with County must have a single or program-specific audit performed which shall comply with the following requirements:

1. The audit shall be performed in accordance with OMB Circular A-133 (revised June 24, 1997), Audits of States, Local Governments, and Non-Profit Organizations.
2. The audit shall be conducted in accordance with generally accepted auditing standards and Government Auditing Standards, 1994 Revision, issued by the Comptroller General of the United States.
3. A copy of the audit performed in accordance with OMB Circular A-133 shall be submitted to the County within thirty (30) days of completion, but no later than nine (9) months following the end of the Contractor's fiscal year.
4. The cost of the audit made in accordance with the provisions of OMB Circular A-133 can be charged to applicable Federal awards. Where apportionment of the audit is necessary, such apportionment shall be made in accordance with generally accepted accounting principles, but shall not exceed the proportionate amount that the Federal funds represent of the Contractor's total revenue.
5. The work papers and the audit reports shall be retained for a minimum of three (3) years from the date of the audit reports, and longer if the independent auditor is notified in writing by the County to extend the retention period.
6. Audit work papers shall be made available upon request to the County, and copies shall be made as reasonable and necessary.
7. The Contractor is responsible for follow-up and corrective action of any material audit findings in the single or program-specific audit report, as directed by the County in coordination with the State.

XVII. SPECIAL REPORTS

Contractor agrees to submit reports as stipulated by the Director, ADS, together with monthly claims to the address listed below:

Department of Behavioral Health
Alcohol and Drug Services
700 East Gilbert Street
San Bernardino, CA 92415-0920
ATTENTION: ADS FISCAL CLERK

XVIII. DURATION AND TERMINATION

1. The term of this Agreement shall be from July 1, 2003 through June 30, 2006, inclusive.
2. This Agreement shall be terminated in writing immediately by the Director, with no prior notice, due to non-availability of funds under any appropriate State law or if the appropriate office of the State of California does not approve it as subject for reimbursement under the appropriate act or public law.
 - a. Either the Contractor or the Director may terminate the Agreement for any reason or no reason at any time by serving thirty (30) days' written notice upon the other party. It may likewise be terminated without thirty (30) days' notice by the mutual written concurrence of both the Contractor and Director.
 - b. The Director may terminate this contract immediately upon serving written notice to the Contractor if the Contractor is found to be in substantial noncompliance, as determined by the Director, with any or all of the terms of the contract. The Director may terminate this contract in the same manner when there are indications of fraud or misuse of funds by Contractor.
 - c. In the event Contractor terminates this contract, Contractor shall furnish the County, upon request, all client information and documents deemed necessary by the County to effect an orderly transfer to another facility for services, if such transfer becomes necessary.

XIX. FINAL CLAIM

In the event this Agreement is terminated, the last reimbursement claim will be submitted within ninety (90) days after the Contractor discontinues operating under the terms of this Agreement. When such termination occurs, the County will conduct a final audit of Contractor within the ninety (90) day period following the termination date, and final reimbursement to Contractor by County shall not be made until audit results are known and all accounts are reconciled. No claims for reimbursement will be accepted after the ninetieth (90th) day following the date of contract termination.

XX. ASSIGNMENT

1. This contract shall not be assigned by Contractor, either in whole or in part, without the prior written consent of the Director.
2. This contract and all terms, conditions and covenants hereto shall inure to the benefit of, and be binding upon, the successors and assigns of the parties hereto.

XXI. CONCLUSION

1. This Agreement, consisting of twenty-four (24) pages, Schedule A, and Addenda A-1 through A-6 inclusive, is the full and complete document describing services to be rendered by Contractor to County, including all covenants, conditions and benefits.
2. In Witness Whereof, Board of Supervisors of the County of San Bernardino has caused this Agreement to be subscribed by the Clerk thereof, and Contractor has caused this Agreement to be subscribed on its behalf by its duly authorized officers, the day, the month and year first above written.

- - - - - END OF AGREEMENT - - - - -

COUNTY OF SAN BERNARDINO

►
Dennis Hansberger, Chairman, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors
of the County of San Bernardino.

By _____
Deputy

Redlands-Yucaipa Guidance Clinic Assn.
(Print or type name of corporation, company, contractor, etc.)

By ►
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address P.O. Box 7369

Redlands, CA 92375-0369

Approved as to Legal Form

►
County Counsel

Date _____

Reviewed by Contract Compliance

►

Date _____

Presented to BOS for Signature

►
Department Head

Date _____

Auditor/Controller-Recorder Use Only

| | |
|--------------------------------------------|------------------------------|
| <input type="checkbox"/> Contract Database | <input type="checkbox"/> FAS |
| Input Date | Keved Bv |

SCHEDULE A

PROVIDER NAME AND NUMBER

RYGCA - VALLEY GUIDANCE CENTER - 3661

SERVICE MODALITY

OUTPATIENT

FISCAL YEAR

2003-2004

| Funding Source and Service Modality | Net Contract Amount | Service Hours | Treatment Slots | Individual Units | Group Units |
|--------------------------------------------|----------------------------|----------------------|------------------------|-------------------------|--------------------|
| Medi-Cal and Block Grant | | | | | |
| *Outpatient Treatment | \$17,621 | 462 | 12 | 324 | 1,727 |
| Case Management | \$4,226 | 111 | | | |
| Co-Occurring Treatment | \$86,946 | 1,264 | 21 | 839 | 3,023 |
| Co-Occur. Case Manage. | \$28,982 | 421 | | | |
| Perinatal Day Treatment | | | | | |
| Perinatal Case Management | | | | | |
| TOTAL | \$137,775 | 2,258 | 33 | 1,163 | 4,750 |
| CalWORKS | | | | | |
| Outpatient Treatment | \$14,489 | 380 | 11 | 286 | 1,527 |
| Case Management | \$4,830 | 127 | | | |
| TOTAL | \$19,319 | 507 | 11 | 286 | 1,527 |
| CPS | | | | | |
| Outpatient Treatment | \$5,434 | 143 | 4 | 107 | 573 |
| Case Management | \$1,811 | 47 | | | |
| TOTAL | \$7,245 | 190 | 4 | 107 | 573 |
| Youth Services | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| PSN | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| SACPA | | | | | |
| Outpatient Treatment | \$77,276 | 2,026 | 42 | 1,147 | 6,110 |
| TOTAL | \$77,276 | 2,026 | 42 | 1,147 | 6,110 |
| GRAND TOTAL | \$241,615 | 4,981 | 90 | 2,703 | 12,960 |

*Drug Medi-Cal billable treatment services should receive priority reimbursement from this allocation with any remaining funds being made available for non-D/MC services.

SCHEDULE A

PROVIDER NAME AND NUMBER

RYGCA - VALLEY GUIDANCE CENTER - 3661

SERVICE MODALITY

OUTPATIENT

FISCAL YEAR

2004-2005

| Funding Source and Service Modality | Net Contract Amount | Service Hours | Treatment Slots | Individual Units | Group Units |
|--------------------------------------------|----------------------------|----------------------|------------------------|-------------------------|--------------------|
| Medi-Cal and Block Grant | | | | | |
| *Outpatient Treatment | \$17,621 | 462 | 12 | 324 | 1,727 |
| Case Management | \$4,226 | 111 | | | |
| Co-Occurring Treatment | \$86,946 | 1,264 | 21 | 839 | 3,023 |
| Co-Occur. Case Manage. | \$28,982 | 421 | | | |
| Perinatal Day Treatment | | | | | |
| Perinatal Case Management | | | | | |
| TOTAL | \$137,775 | 2,258 | 33 | 1,163 | 4,750 |
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| Case Management | \$4,830 | 127 | | | |
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| CPS | | | | | |
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| Case Management | \$1,811 | 47 | | | |
| TOTAL | \$7,245 | 190 | 4 | 107 | 573 |
| Youth Services | | | | | |
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| Case Management | | | | | |
| TOTAL | | | | | |
| PSN | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| SACPA | | | | | |
| Outpatient Treatment | \$77,276 | 2,026 | 42 | 1,147 | 6,110 |
| TOTAL | \$77,276 | 2,026 | 42 | 1,147 | 6,110 |
| GRAND TOTAL | \$241,615 | 4,981 | 90 | 2,703 | 12,960 |

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SCHEDULE A

PROVIDER NAME AND NUMBER

RYGCA - VALLEY GUIDANCE CENTER - 3661

SERVICE MODALITY

OUTPATIENT

FISCAL YEAR

2005-2006

| Funding Source and Service Modality | Net Contract Amount | Service Hours | Treatment Slots | Individual Units | Group Units |
|--------------------------------------------|----------------------------|----------------------|------------------------|-------------------------|--------------------|
| Medi-Cal and Block Grant | | | | | |
| *Outpatient Treatment | \$17,621 | 462 | 12 | 324 | 1,727 |
| Case Management | \$4,226 | 111 | | | |
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| TOTAL | \$137,775 | 2,258 | 33 | 1,163 | 4,750 |
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| Outpatient Treatment | \$14,489 | 380 | 11 | 286 | 1,527 |
| Case Management | \$4,830 | 127 | | | |
| TOTAL | \$19,319 | 507 | 11 | 286 | 1,527 |
| CPS | | | | | |
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| Case Management | \$1,811 | 47 | | | |
| TOTAL | \$7,245 | 190 | 4 | 107 | 573 |
| Youth Services | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| PSN | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| SACPA | | | | | |
| Outpatient Treatment | \$77,276 | 2,026 | 42 | 1,147 | 6,110 |
| TOTAL | \$77,276 | 2,026 | 42 | 1,147 | 6,110 |
| GRAND TOTAL | \$241,615 | 4,981 | 90 | 2,703 | 12,960 |

*Drug Medi-Cal billable treatment services should receive priority reimbursement from this allocation with any remaining funds being made available for non-D/MC services.

SCHEDULE A

PROVIDER NAME AND NUMBER RYGCA - REDLANDS - 3617
 SERVICE MODALITY OUTPATIENT
 FISCAL YEAR 2003-2004

| Funding Source and Service Modality | Net Contract Amount | Service Hours | Treatment Slots | Individual Units | Group Units |
|--------------------------------------------|----------------------------|----------------------|------------------------|-------------------------|--------------------|
| Medi-Cal and Block Grant | | | | | |
| *Outpatient Treatment | \$37,335 | 978 | 26 | 714 | 3,807 |
| Case Management | \$10,096 | 265 | | | |
| Co-Occurring Treatment | \$86,848 | 1,252 | 21 | 831 | 2,954 |
| Co-Occur. Case Manage. | \$28,949 | 417 | | | |
| Perinatal Day Treatment | | | | | |
| Perinatal Case Management | | | | | |
| TOTAL | \$163,228 | 2,912 | 47 | 1,545 | 6,761 |
| CalWORKS | | | | | |
| Outpatient Treatment | \$32,068 | 841 | 23 | 644 | 3,431 |
| Case Management | \$10,689 | 280 | | | |
| TOTAL | \$42,757 | 1,121 | 23 | 644 | 3,431 |
| CPS | | | | | |
| Outpatient Treatment | \$32,068 | 841 | 23 | 644 | 3,431 |
| Case Management | \$10,689 | 280 | | | |
| TOTAL | \$42,757 | 1,121 | 23 | 644 | 3,431 |
| Youth Services | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| PSN | | | | | |
| Outpatient Treatment | \$12,471 | 327 | 9 | 250 | 1,335 |
| Case Management | \$4,157 | 109 | | | |
| TOTAL | \$16,628 | 436 | 9 | 250 | 1,335 |
| SACPA | | | | | |
| Outpatient Treatment | \$95,016 | 2,490 | 53 | 1,430 | 7,626 |
| TOTAL | \$95,016 | 2,490 | 53 | 1,430 | 7,626 |
| GRAND TOTAL | \$360,386 | 8,080 | 155 | 4,513 | 22,584 |

*Drug Medi-Cal billable treatment services should receive priority reimbursement from this allocation with any remaining funds being made available for non-D/MC services.

SCHEDULE A

PROVIDER NAME AND NUMBER RYGCA - REDLANDS - 3617
 SERVICE MODALITY OUTPATIENT
 FISCAL YEAR 2004-2005

| Funding Source and Service Modality | Net Contract Amount | Service Hours | Treatment Slots | Individual Units | Group Units |
|--------------------------------------------|----------------------------|----------------------|------------------------|-------------------------|--------------------|
| Medi-Cal and Block Grant | | | | | |
| *Outpatient Treatment | \$37,335 | 978 | 26 | 714 | 3,807 |
| Case Management | \$10,096 | 265 | | | |
| Co-Occurring Treatment | \$86,848 | 1,252 | 21 | 831 | 2,954 |
| Co-Occur. Case Manage. | \$28,949 | 417 | | | |
| Perinatal Day Treatment | | | | | |
| Perinatal Case Management | | | | | |
| TOTAL | \$163,228 | 2,912 | 47 | 1,545 | 6,761 |
| CalWORKS | | | | | |
| Outpatient Treatment | \$32,068 | 841 | 23 | 644 | 3,431 |
| Case Management | \$10,689 | 280 | | | |
| TOTAL | \$42,757 | 1,121 | 23 | 644 | 3,431 |
| CPS | | | | | |
| Outpatient Treatment | \$32,068 | 841 | 23 | 644 | 3,431 |
| Case Management | \$10,689 | 280 | | | |
| TOTAL | \$42,757 | 1,121 | 23 | 644 | 3,431 |
| Youth Services | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| PSN | | | | | |
| Outpatient Treatment | \$12,471 | 327 | 9 | 250 | 1,335 |
| Case Management | \$4,157 | 109 | | | |
| TOTAL | \$16,628 | 436 | 9 | 250 | 1,335 |
| SACPA | | | | | |
| Outpatient Treatment | \$95,016 | 2,490 | 53 | 1,430 | 7,626 |
| TOTAL | \$95,016 | 2,490 | 53 | 1,430 | 7,626 |
| GRAND TOTAL | \$360,386 | 8,080 | 155 | 4,513 | 22,584 |

*Drug Medi-Cal billable treatment services should receive priority reimbursement from this allocation with any remaining funds being made available for non-D/MC services.

SCHEDULE A

PROVIDER NAME AND NUMBER RYGCA - REDLANDS - 3617
 SERVICE MODALITY OUTPATIENT
 FISCAL YEAR 2005-2006

| Funding Source and Service Modality | Net Contract Amount | Service Hours | Treatment Slots | Individual Units | Group Units |
|--------------------------------------------|----------------------------|----------------------|------------------------|-------------------------|--------------------|
| Medi-Cal and Block Grant | | | | | |
| *Outpatient Treatment | \$37,335 | 978 | 26 | 714 | 3,807 |
| Case Management | \$10,096 | 265 | | | |
| Co-Occurring Treatment | \$86,848 | 1,252 | 21 | 831 | 2,954 |
| Co-Occur. Case Manage. | \$28,949 | 417 | | | |
| Perinatal Day Treatment | | | | | |
| Perinatal Case Management | | | | | |
| TOTAL | \$163,228 | 2,912 | 47 | 1,545 | 6,761 |
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| Case Management | \$10,689 | 280 | | | |
| TOTAL | \$42,757 | 1,121 | 23 | 644 | 3,431 |
| CPS | | | | | |
| Outpatient Treatment | \$32,068 | 841 | 23 | 644 | 3,431 |
| Case Management | \$10,689 | 280 | | | |
| TOTAL | \$42,757 | 1,121 | 23 | 644 | 3,431 |
| Youth Services | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| PSN | | | | | |
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| Case Management | \$4,157 | 109 | | | |
| TOTAL | \$16,628 | 436 | 9 | 250 | 1,335 |
| SACPA | | | | | |
| Outpatient Treatment | \$95,016 | 2,490 | 53 | 1,430 | 7,626 |
| TOTAL | \$95,016 | 2,490 | 53 | 1,430 | 7,626 |
| GRAND TOTAL | \$360,386 | 8,080 | 155 | 4,513 | 22,584 |

*Drug Medi-Cal billable treatment services should receive priority reimbursement from this allocation with any remaining funds being made available for non-D/MC services.

SCHEDULE A

PROVIDER NAME AND NUMBER

RYGCA - HIGHLAND GUIDANCE CENTER

SERVICE MODALITY

OUTPATIENT

FISCAL YEAR

2003-2004

| Funding Source and Service Modality | Net Contract Amount | Service Hours | Treatment Slots | Individual Units | Group Units |
|--------------------------------------------|----------------------------|----------------------|------------------------|-------------------------|--------------------|
| Medi-Cal and Block Grant | | | | | |
| *Outpatient Treatment | \$138,254 | 3,231 | 88 | 2,429 | 12,946 |
| Case Management | \$43,584 | 1,019 | | | |
| Co-Occurring Treatment | | | | | |
| Co-Occur. Case Manage. | | | | | |
| Perinatal Day Treatment | | | | | |
| Perinatal Case Management | | | | | |
| TOTAL | \$181,838 | 4,249 | 88 | 2,429 | 12,946 |
| CalWORKS | | | | | |
| Outpatient Treatment | \$20,116 | 470 | 13 | 358 | 1,910 |
| Case Management | \$6,705 | 157 | | | |
| TOTAL | \$26,821 | 627 | 13 | 358 | 1,910 |
| CPS | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| Youth Services | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| PSN | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| SACPA | | | | | |
| Outpatient Treatment | \$67,053 | 1,567 | 33 | 895 | 4,774 |
| TOTAL | \$67,053 | 1,567 | 33 | 895 | 4,774 |
| GRAND TOTAL | \$275,712 | 6,443 | 134 | 3,682 | 19,630 |

*Drug Medi-Cal billable treatment services should receive priority reimbursement from this allocation with any remaining funds being made available for non-D/MC services.

SCHEDULE A

PROVIDER NAME AND NUMBER

RYGCA - HIGHLAND GUIDANCE CENTER

SERVICE MODALITY

OUTPATIENT

FISCAL YEAR

2004-2005

| Funding Source and Service Modality | Net Contract Amount | Service Hours | Treatment Slots | Individual Units | Group Units |
|--------------------------------------------|----------------------------|----------------------|------------------------|-------------------------|--------------------|
| Medi-Cal and Block Grant | | | | | |
| *Outpatient Treatment | \$138,254 | 3,231 | 88 | 2,429 | 12,946 |
| Case Management | \$43,584 | 1,019 | | | |
| Co-Occurring Treatment | | | | | |
| Co-Occur. Case Manage. | | | | | |
| Perinatal Day Treatment | | | | | |
| Perinatal Case Management | | | | | |
| TOTAL | \$181,838 | 4,249 | 88 | 2,429 | 12,946 |
| CalWORKS | | | | | |
| Outpatient Treatment | \$20,116 | 470 | 13 | 358 | 1,910 |
| Case Management | \$6,705 | 157 | | | |
| TOTAL | \$26,821 | 627 | 13 | 358 | 1,910 |
| CPS | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| Youth Services | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| PSN | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| SACPA | | | | | |
| Outpatient Treatment | \$67,053 | 1,567 | 33 | 895 | 4,774 |
| TOTAL | \$67,053 | 1,567 | 33 | 895 | 4,774 |
| GRAND TOTAL | \$275,712 | 6,443 | 134 | 3,682 | 19,630 |

*Drug Medi-Cal billable treatment services should receive priority reimbursement from this allocation with any remaining funds being made available for non-D/MC services.

SCHEDULE A

PROVIDER NAME AND NUMBER

RYGCA - HIGHLAND GUIDANCE CENTER

SERVICE MODALITY

OUTPATIENT

FISCAL YEAR

2005-2006

| Funding Source and Service Modality | Net Contract Amount | Service Hours | Treatment Slots | Individual Units | Group Units |
|--------------------------------------------|----------------------------|----------------------|------------------------|-------------------------|--------------------|
| Medi-Cal and Block Grant | | | | | |
| *Outpatient Treatment | \$138,254 | 3,231 | 88 | 2,429 | 12,946 |
| Case Management | \$43,584 | 1,019 | | | |
| Co-Occurring Treatment | | | | | |
| Co-Occur. Case Manage. | | | | | |
| Perinatal Day Treatment | | | | | |
| Perinatal Case Management | | | | | |
| TOTAL | \$181,838 | 4,249 | 88 | 2,429 | 12,946 |
| CalWORKS | | | | | |
| Outpatient Treatment | \$20,116 | 470 | 13 | 358 | 1,910 |
| Case Management | \$6,705 | 157 | | | |
| TOTAL | \$26,821 | 627 | 13 | 358 | 1,910 |
| CPS | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| Youth Services | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| PSN | | | | | |
| Outpatient Treatment | | | | | |
| Case Management | | | | | |
| TOTAL | | | | | |
| SACPA | | | | | |
| Outpatient Treatment | \$67,053 | 1,567 | 33 | 895 | 4,774 |
| TOTAL | \$67,053 | 1,567 | 33 | 895 | 4,774 |
| GRAND TOTAL | \$275,712 | 6,443 | 134 | 3,682 | 19,630 |

*Drug Medi-Cal billable treatment services should receive priority reimbursement from this allocation with any remaining funds being made available for non-D/MC services.

AGREEMENT FOR FEDERAL BLOCK GRANT

CONTRACTOR NAME: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSN.

The following modes of service are funded with Federal Block Grant funds:

- Outpatient
- Case Management

SPECIAL PROVISIONS FOR FEDERAL FUNDED PROGRAMS

1. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
2. Contractor when serving intravenous drug users (IDU's) shall do outreach activities for the purpose of encouraging individuals in need of treatment for drug and/or alcohol abuse to undergo such treatment.
3. Contractor when treating IDU's agrees to admit, on a priority basis, HIV - positive individuals and to advise all individuals seeking treatment of the priority. Individuals seeking treatment shall not, however, be required to disclose whether they are HIV - positive.
4. The Contractor agrees to give preferences in admission for treatment to pregnant women seeking, or referred for, services and who would benefit from them. In the event of insufficient capacity in a facility, the Contractor shall: refer pregnant women to another program with an available treatment slot; or provide interim services within 48 hours of initial request until treatment becomes available.
5. The Contractor agrees to ensure that, to the maximum extent practicable, each individual who requests and is in need of treatment for drug abuse is admitted to a program within 14 days after making the request. If placement cannot occur within 14 days of the request, the Contractor agrees to ensure that: interim services will be made available within 48 hours of the request; and, placement will occur within 120 days of the request.
6. The Contractor agrees to ensure that directly, or through arrangement with another agency, routine tuberculosis services are made available to each individual receiving treatment. If an individual is denied admission due to lack of capacity, the individual will be referred to another provider of tuberculosis services. Tuberculosis services consist of counseling, testing, and treatment.

7. The Contractor agrees that data will be maintained re: interim services, TB, pre-/post-test results, and HIV services. A report which will include aggregate data will be filed with the County Alcohol and Drug Services (ADS) and State ADP monthly.
8. The Contractor agrees to report information regarding program capacity and waiting list by submitting a Drug Abuse Treatment Access Report (DATAR) to the California State Department of Alcohol and Drug Programs and the County ADS monthly.
9. The Contractor agrees to comply with all County/Provider Block Grant Re-authorization Guidelines.

---END OF ADDENDUM---

AGREEMENT FOR OUTPATIENT SERVICES

CONTRACTOR NAME: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSN.

A. The Contractor shall provide outpatient drug-free services as defined herein to San Bernardino County residents.

B. FACILITY LOCATIONS:

The Contractor shall provide the above services in and from the following address(es):

1323 W Colton Ave #215
Redlands, CA 92374

35225 Avenue A, #101
Yucaipa, CA 92399

Highland, CA

C. SERVICE DESCRIPTION:

The Contractor shall provide outpatient drug-free services in accordance with the following description:

- (1) The San Bernardino County Department of Behavioral Health, Alcohol and Drug Services has implemented a coordinated network of substance abuse prevention, treatment and recovery services which are provided through contractors. Each contractor agrees that every effort shall be made to make all services available through the coordinated network including its various levels of care: prevention, residential social model, detoxification, outpatient, intensive outpatient, residential, intensive residential, and methadone maintenance.
- (2) Each contractor further agrees to provide all potential clients access to this network of services and system of care through a consistent evaluation process and computerized system-wide management information system.

D. SPECIFIC RESPONSIBILITIES:

- (1) Outpatient drug-free services are designed to achieve progressive changes in an individual's thinking and alcohol or other drug using behavior in order to prevent relapse. To accomplish this, the service must address major lifestyle, family, attitudinal and behavior issues which can undermine the goals of treatment or inhibit the individual's ability to cope with major life tasks without the non-medical use of psychoactive substances. Such outpatient care involves regular contact with the client for a period of time not to exceed six months to

- meet discharge criteria appropriate to this level of care.
- (2) Outpatient drug-free treatment service is provided in regularly scheduled face-to-face therapeutic sessions. Such services may include:
- a) individual counseling
 - b) group counseling
 - c) family counseling
 - d) long-term support for relapse prevention
- (This includes what is traditionally known as continuing care or aftercare.)
- (3) Intensive outpatient treatment affords the client the opportunity to remain in his/her existing environment (e.g., social, vocational, familial) while still benefiting from a therapeutic structured program. It is a non-residential service consisting of multiple face-to-face therapeutic contacts per week for clients who cannot maintain stability over a 72-hour period.

E. SERVICE COORDINATION AND QUALITY ASSURANCE

Alcohol and Drug Services shall monitor the progress and quality of care afforded each individual client through a quality improvement process in addition to an analysis of other client information made available through the computerized management information system. The Contractor shall ensure that each client receives service at the appropriate level of care as determined by the Admission, Continued Stay and Discharge Criteria for the Continuum of Care of Substance Abusers published by SBCDBH Alcohol and Drug Services in November 1996, a copy of which has been provided to the Contractor. The Contractor may appeal any recommended service modality and/or level of care through the Authorization and Review Committee as further described in the above-mentioned November 1996 document.

- F. The Contractor shall establish day care habilitative services according to STANDARDS FOR DRUG ABUSE TREATMENT PROGRAMS, dated October 21, 1981, published by the State of California, Department of Alcohol and Drug Programs, and the ADS Manual for Contract Agencies, dated March 1994. The Contractor shall maintain accurate and adequate client records, including treatment plans, counseling notes, medical records, and other data affecting clients' treatment, according to standards identified therein. These documents will be retained for at least seven (7) years after clients have been discharged from the program.

--- END OF ADDENDUM ---

AGREEMENT FOR CASE MANAGEMENT SERVICES

CONTRACTOR NAME: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSN.

Contractor shall:

Ensure that all necessary treatment and recovery activities and plans are enhanced and supported by the integration of other individual services which may include the evaluation of progress, assessment, monitoring of needs, outreach, community resource referrals and discharge planning.

---END OF ADDENDUM---

AGREEMENT FOR SPECIFIC SERVICES

The Redlands-Yucaipa Guidance Clinic Association, Inc. (from this point forward referred to as RYGCA) is a multi-modality, community-based, private not-for-profit organization, established in 1969 to provide and facilitate effective, age appropriate professional mental health rehabilitation and substance abuse prevention, intervention, and treatment services on school sites, a mental health clubhouse, and established clinics in San Bernardino County.

The mission of RYGCA is *"to provide affordable, professional mental health and substance abuse prevention and treatment services."* RYGCA is committed to providing services that encourage and support successful outcomes for all those impacted by our services and to continuing research to determine the best practices of treatment.

RYGCA is proposing four sites at which to offer alcohol and drug outpatient treatment modality services for men, women and adolescents as well a modality for those diagnosed with co-occurring mental health and substance abuse disorders. To serve residents of Loma Linda, Bryn Mawr, Redlands, and Mentone in the East Valley/Mountain Region of San Bernardino County, we propose services at our existing Redlands Site, 1323 W. Colton Ave., Redlands, CA. To serve residents in Yucaipa, Angeles Oaks, Forest Falls, and the Northeast portion of Mentone in the East Valley Mountain Region of San Bernardino County, we propose services at our existing Yucaipa Site, 34324 Yucaipa Blvd., Yucaipa CA. To serve residents of Highland, East Highland, East San Bernardino and the surrounding areas, we propose to provide services at a proposed Highland Site, 3694 Highland Ave., Highland, CA 92346. To serve residents in the West Valley / Central Valley Region of San Bernardino County who reside in Northeast region of Fontana and the surrounding areas, we propose to provide services at a proposed Fontana site, 9161 Sierra Ave, Fontana, CA. Each site is or will be Drug Medi-Cal certified, licensed by California Department of Alcohol and Drug Programs (ADP) as an outpatient treatment facility, and is or will be licensed as a Community Clinic by the California State Department of Health Services.

All RYGCA Alcohol and Drug Outpatient services are based on individual need. We are committed to providing the best possible services to each individual seeking treatment. RYGCA's treatment approach is recovery-focused and evidence-based; we utilize the Matrix Model Program for the Treatment of

Chemical Abuse and Dependence with an intensive 12-Step or other self-help group/activities mandated component. Because treatment is time-limited, it is essential that recovery be grounded in the community in which the client lives and works.

Since 1969, RYGCA has been providing alcohol and drug out-patient treatment to men, women and children at sites certified by California Department of Alcohol and Drug Programs (ADP) with program components of up to six (6) months in duration. This treatment program includes the following:

- **The Initial Screening and Problem Identification:** is done over the phone or in person when a prospective client is asked to respond to an Initial Contact Form (**See Attachment E**). If there is an alcohol or drug problem identified, the client comes in for a formal assessment. This is done using the computerized Addiction Severity Index (ASI) (**Attachment Ki**) for adults and the computerized Adolescent Drug Addiction Diagnosis Questionnaire (ADAD) (**Attachment Kii**) for adolescents. A prospective

client will often identify the presence of a co-occurring disorder during the initial contact and prior to a formal assessment. RYGCA will utilize the Global Assessments of Functioning (GAF) (**Attachment Kiii**), for any client who presents with a Co-occurring Disorder whether during the Initial Contact or during the formal assessment process.

- **Individual and Recovery-focused Services:** are provided based on the Individual Treatment Plan (ITP), which is developed with each client during the treatment planning session. A research based recovery-focused program utilizing the Matrix Model for Adults and the Matrix Model for Adolescents with frequent, mandatory participation in 12-Step or other self-help groups and activities allows RYGCA to provide high quality treatment to our clients. The number of individual and group sessions and length of treatment is clearly stated on the ITP and is based on the individual needs of the client.

Twenty-four hour Crisis Intervention Services: are available seven days a week. All treatment staff members are trained in crisis intervention. In addition, Triage services are available during business hours, and an on-call staff member is available by phone after hours. Additionally, the Substance Abuse Program Medical Director is available by phone and /or on site for medical questions of crisis proportion twenty-four hours a day, seven days a week.

- **Individualized Exit and Recovery Plan:** is developed with the client based on the Exit ASI or ADAD. This will address unresolved needs/issues with additional services and or referrals. An individualized Exit Plan, which addresses the areas outlined by the Addiction Severity Index (ASI) or Adolescent

Drug and Alcohol Diagnosis (ADAD) questionnaire, is done at the end of treatment, and identifies unresolved issues. Usually these issues can successfully be addressed with referrals for services. These issues could include referrals to Loma Linda School of Dentistry for corrective work; referrals for additional schooling or training to the Department of Vocational Rehabilitation, Adult Education or ROP; recommendations for continued 12-Step participation and work with one's Sponsor; recommendations for family counseling, parenting or anger management; and referrals back to probation to have criminal records expunged.

Participation in RYGCA's Aftercare Services is required after completion of the Treatment Episode. These services will include a weekly Relapse Prevention/ Social Support Group with rotating curriculum to address Employment Issues, Money Management, Resolving Legal Issues, all of which are related to maintaining and strengthening recovery.

Social functions, such as Alumni Activities, are planned as a sober and drug free way to participate in recreational activities such as picnics, dances and annual graduation celebrations. Although treatment is time-limited, the structure and support of attending regularly scheduled Aftercare Recovery activities with their family members/significant others will be a part of each discharged client's Exit Plan in order to promote and sustain recovery. Aftercare / Recovery activities are attended weekly for a period of a year from commencing treatment. Recovery clearly is maintained in the community and family after exiting formal treatment. The clients are firmly established in recovery activities long before formal treatment ends.

- **Coordination with County DBH Alcohol and Drug Services:** is accomplished by RYGCA in concert with other community-based agencies, county departments such as DBH, Dept. of Public Health, SAC-Norton Medical and Dental Clinics, Cal-WORKS and other community resources through a rich network RYGCA has established to support each client's appropriate transition from outpatient treatment to other recovery

services and /or independent living.

- **Ongoing collaboration:** is maintained on our clients' behalf, within the community with stakeholders who are in their lives. This takes the form of interacting with family members, local Courts and their officials, with the client's Probation Officer or Parole Agent or Department of Children's Services' worker, with school teachers and administration on our clients' behalf. An additional part of these collaborative efforts is accomplished through relationships built by participation in community workshops, task forces meetings, and strategic planning sessions to address issues and concerns pro-actively.
- **Drug and Alcohol Testing:** is used by RYGCA as a therapeutic tool. Random drug testing is a part of every client's ITP. Instant drug screen results and alcohol breathalyzer results are used to support each client's recovery, or to indicate the need to address relapse through an intervention. RYGCA uses Redwood Toxicology for chain of custody laboratory verification of test results to satisfy court requirements or social worker's requests. A positive drug test result does not usually indicate the need for residential treatment. Random, observed drug testing is a part of each client's Individualized Treatment Plan. Testing may be done at any time the staff believes it is necessary. There are several steps that address abstinence or relapse, though, which can be taken before an actual test is done. The first is to ask the client about abstinence and length of sobriety. Honesty at this point should be commended. A second approach is to address any observable behaviors that may indicate use or maintaining recovery. An example of this may be unexplained absences, or the presence of unusual behaviors. If the client does not self-report, then there is the need for the client to provide a test sample. Since all tests are observed, adulterated tests are seen and treated as a serious issue that threatens the integrity of the participant's program. Use of drugs on the premises is grounds for immediate termination since it poses a threat to the safety and well-being of other participants as well.
- **Introduction to 12-step or other self-help recovery activities is initiated** by requiring weekly participation, as a part of each client's ITP. Participation in 12 Step programs or other established self-help recovery programs is crucial to recovery since treatment itself is time limited and recovery is a life-long process. It is essential that the roots of recovery be in the community in which the participant lives and works. At the onset of treatment, such support for treatment and recovery is made a part of each participant's treatment plan. Written verification of attendance at meetings and/or activities is also required. It is our firm belief that participation in these activities, which starts as an obligation, becomes a voluntary integral part of one's sober life and support system. Attendance multiple times per week, obtaining and working with a sponsor is required. RYGCA adheres to the belief that nothing promotes and sustains recovery as much as the peer interactions of one addict helping another. Participants are encouraged to attend the 12 Step holiday and special services or functions together. RYGCA was approached and offered space in Redlands for a Dual Diagnosis Anonymous meeting, which now meets weekly at "Our Place", the Mental Health Recovery Model Clubhouse in the East Valley, for which we hold the contract.

RYGCA's connection to the local 12-Step community is vital to our clients' treatment and recovery. Having meetings in close proximity to the clinics, providing Sober activities during the holidays, having members of H and I provide us with up-to-date schedules; having members offer presentations during our youth activities provide support and the

hope in recovery to those just considering a drug- and alcohol -free lifestyle. Attendance and participation in 12-Step programs or other self-help is a part of every client's Individualized Treatment Plan.

The Mental Health Clubhouse Model Program, "Our Place" offers self-help activities and groups for clients with co-occurring disorders. The mission of RYGCA's proposed Clubhouse program is to allow individuals debilitated by acute and persistent mental illness to accomplish a greater level of individual capability, self-sufficiency, and transition into community life. This "Social Model" setting will augment the strengths and qualities of its membership because of personal and unified support, self-governance, and self-respect. RYGCA's Clubhouse program is a place where adults recovering from major mental illness can come together to provide mutual support, to celebrate accomplishments and to regain self-confidence. Clubhouse members will be encouraged to seek temporary and permanent employment based on their personal needs, goals and level of skill. The Clubhouse Employment Coordinator and Community Options Supported Employment Services of San Bernardino County will assess members based on prior employment experience, special interests, current level of skill and long-range employment goals. As a sub-contractor, Community Options for Supported Employment will match members who may need a more intensive level of employment assistance with appropriate employment, and will also provide job counseling and job coaching and support at the job site as needed. Community Options for Supported Employment will also participate with members in Clubhouse Job Club activities. When members feel confident to pursue employment outside of the clubhouse environment, the Clubhouse Employment Coordinator will match them with available positions in East Valley Local Businesses and / or advocate for and refer members to JTPA, JESD, One-Stop or the State Department of Rehabilitation to assist members in additional employment skill building activities

- **Vocational Counseling and job retention training** needs are identified in the assessment process. Although referrals to Department of Vocational Rehabilitation and/or Employment Development Department can be and are made during the course of treatment, it is important to address job readiness and the initial barriers to finding and maintaining suitable employment such as how they present themselves, attitude, time management, social skills, communication and presentation through information, education and scheduled activities in treatment as well. We want to help clients make that transition to link back up with the work force.
- **Referrals to community resources:** are possible through the rich network of contacts RYGCA has developed and maintained. These help clients to successfully address those needs identified in the assessment process and now targeted in the ITP. For those clients with children who are facing homelessness, we have a Memorandum of Understanding with Redlands--Home Again. In addition, we have Memorandums of Understanding in place to help our clients address the need for GED Prep or computer skills. We are able to provide mental health and psychiatric services on-site. We have referrals for low-cost medical and dental services through Sac Norton Medical and Dental Clinics. The detailed coordination of resources and collaboration with other agencies mentioned above speaks to the wealth of resources our clientele have available to them.
- **Contract Termination on RYGCA's part or on DBH-ADS' part:** is to be dealt with through a plan that allows for the smooth transition of clients to another facility with little or no interruption in services. With all the appropriate Releases of Information completed, the receiving facility will be furnished with all pertinent client information. All

client and agency documentation will be stored in a secure location for a period of seven years with accessibility guaranteed for authorized personnel. The County will be furnished with all client information and documents necessary for this transition **(See Attachment V for Contract Termination Plan).**

2. Staffing Levels and Qualifications

The Substance Abuse Treatment Team consists of the Substance Abuse Program Director, the Substance Abuse Treatment Coordinator, the Substance Abuse Medical Director, and Substance Abuse Counselors I, II or III, depending upon years of experience and specialization. All substance abuse treatment programs are under the direct supervision of the Substance Abuse Treatment Program Medical Director, the Substance Abuse Treatment Program Director and the administrative supervision of the Chief Executive Officer.

Each direct service staff member has a minimum of two years sobriety, if they are recovering individuals. In addition to the special skills of each direct service staff members as noted in the narratives and in the resumes, RYGCA takes seriously the need to provide ongoing staff training and development. RYGCA has addressed professional development and training on several levels. All direct service staff who possess certifications keep their continuing education units up to date. Trends in the industry, and new research developments, are addressed by sharing professional literature from the National Institute on Drug Abuse (NIDA), and the Addiction Technology Transfer Institute. Formal training for all staff is addressed in RYGCA's Staff Development Training Plan. RYGCA is developing a Training Institute, which will offer CEUs of continuing education on various topics and issues related to behavioral health treatment and the field of human services. In addition, members of the Substance Abuse Treatment Team attend local workshops, trainings and seminars offered at the County's Behavioral Health Resource Center, and Association of Community Based Organization (ACBO) trainings; all training is documented in personnel files. In addition, we have an outside consultant specializing in addiction recovery at our disposal. Our Medical Director, who is an Addiction Specialist, has produced training tapes for the agency on Cross-Addiction, Recovery and Nutrition, Pharmacology, Antabuse and Revia. Finally, the Substance Abuse Treatment Team meets weekly for supervision and training.

RYGCA makes every effort to reflect the cultural diversity of the community in its recruitment, hiring, development and retention of personnel and will make every attempt to provide for leadership that is representative of the specific cultures that are served. Within our offices, we provide written information in two threshold languages (English and Spanish) that are representative of this community. We are also contracted with New World Language Services, located in San Bernardino, to provide interpretation services as needed. We will utilize Rolling Start Inc. for interpreter services for clients who are hearing and/or vision impaired.

See Attachment L for detailed description on Staff Position.

- **RYGCA's written Code/Standard of Conduct for all employees, volunteers, interns and the Board of Directors:** is specific to issues related to treatment addressing client/staff relations, conflicts of interest, sexual relationships, and the use of alcohol and drugs is posted in the treatment area, and given to each client upon admission. **(See Attachment F)**

3. Treatment/Recovery Methodology: RYGCA has been providing successful outpatient alcohol and drug treatment services under contract with the County of San Bernardino for over three decades. Both existing sites in Redlands and Yucaipa also

house full-service mental health clinics, contracting with San Bernardino County DBH. This is directly in line with the SAMSHA report, according to Tommy G. Thompson, Secretary of Health and Human Services, stating “(that) individuals with co-occurring disorders should be the expectation, not the exception in the substance abuse and mental health service systems.”

SAMSHA Administrator Charles Curie states *“Our goal is to provide a system that allows any door to be the right door for the services an individual needs...Any person entering mental health care, substance abuse treatment, or primary care should be screened for mental disorders and substance abuse and then provided the appropriate treatment.”*

Having realized the importance of research and predictable outcomes, RYGCA has utilized the **evidence-based treatment/recovery methodology** of the Matrix Model for the Treatment of Substance Abuse and Dependency curriculum (hereafter referred to as The Matrix Model in its outpatient setting for adults, and has been extensively researched with published results in professional literature: Rawson et

al, 1990; Shoptaw et al, 1994; Rawson et al, 1996; Rawson and Ling, 1996; Huber et al, 1997. Additionally, RYGCA will utilize Matrix Model for Adolescent Substance Abuse and Dependency Treatment. This program has been designed by Matrix Institute to meet the needs of adolescents between the ages of 14-18 by providing age-appropriate, culturally sensitive recovery-focused treatment (**See Attachment G**).

Substance Abuse Outpatient Treatment Modality

RYGCA has more than thirty-four years experience providing Alcohol and Drug Treatment Services in the East Valley of San Bernardino County. Current RYGCA Outpatient treatment programs are Drug Medi-Cal certified as well as licensed by the State of California, Department of Alcohol and Drug Programs; we propose an additional two sites, which will also be certified and licensed. The initial screening and problem identification process is identified in Section 1 B.

RYGCA proposes to offer the following face-to face treatment services for adults with and without co-occurring disorders, as well as for adolescents in this modality, based on the ITP for each client.

- **Substance abuse evaluation and/or assessment** is done during the first contact with the client, using the computerized ASI for adults and the computerized ADAD for adolescents.
- A **medical health questionnaire**, provided by the County DBH-ADS, is filled out by each client or by the parent/s of an adolescent client on the day of Intake. This questionnaire asks for client information regarding use of alcohol and other drugs, medical conditions and complications, history of DTs or alcohol seizures, and convulsions. Any question regarding a client’s suitability for outpatient treatment is discussed with the Substance Abuse Program Medical Director immediately, on site or by phone. The health questionnaire, which is reviewed by the Substance Abuse Program Medical Director, is also to determine/verify medical necessity for treatment, and to clarify any recommendations regarding medical issues and/or to make appropriate referrals.
- Based on the results of the ASI for Adult clients and the ADAD for Adolescent clients, an Individualized, culturally appropriate Individualized Treatment Plan (ITP) is designed in an individual session right after completing the assessment tool. For adults the ITP targets problem areas such as chemical abuse/dependence, unresolved medical conditions, mental health conditions, legal issues, social support issues, employment issues and housing and financial issues associated with alcohol and or other drug use.

For adolescents, the additional area of concern is related to school issues. Whether an adult or adolescent client, we develop the treatment plan together, setting attainable goals with specific action plans and target dates. This provides the client with concrete steps to resolve areas of concern and strengthen a recovery-focused lifestyle. ITPs are reviewed with the client and updated, at a minimum, every thirty (30) days.

- Initially identifying the need/potential need for **Mental Health counseling** happens during the assessment process. The RYGCA Outpatient Substance Abuse Treatment is able to utilize our professional in-house mental health services for immediate triage in the case of eminent danger, assessments and/or clinical services.
- RYGCA provides an **introduction to 12-Step** or other self-help recovery activities by requiring weekly participation as a part of each client's Individualized Treatment Plan. Verified attendance at meetings and/or activities is also required. It is our firm belief that participation in these activities, which starts as an obligation, becomes an integral part of one's sober life and support system. Whether the activities are 12-Step based or are other self-help recovery focused activities are not as important as the concept behind finding and utilizing support in the community for developing and maintaining a drug-free lifestyle.
- **Individual Counseling sessions** are an integral component in outpatient treatment. The number of individual sessions in which a client participates is dependent upon the Treatment Level and is identified in the ITP. Individual sessions are utilized to review progress on the treatment plan, address issues of a more personal nature, or of more crisis proportion. These sessions are a minimum of 50 minutes.
- RYGCA utilizes **Social model recovery-focused counseling** in its Alcohol and Drug Outpatient Service Treatment Modality. We utilize the content and structure of the evidence-based Matrix Model for the treatment of adults and the Matrix Model for Adolescents for the treatment of adolescents in
- conjunction with a large mandatory component of involvement in 12-Step or other self-help recovery groups/activities.
- **Process Groups** are a part of each adult and/or adolescent client's treatment episode, as identified in the ITP. These sessions allow clients to relate personal struggles to the recovery-focused treatment. Although these groups may not have a particular topic, the facilitator keeps the group on track, maintaining a supportive environment in which to further develop one's recovery. Group sessions are a minimum of 90 minutes in length.
- Participation in **Substance abuse education groups** is identified in each client's ITP, and is a required part of RYGCA Alcohol and Drug Outpatient Services Treatment Modality as well as the Co-Occurring Substance Abuse and Mental Health Disorders Modality. The Matrix Model curriculum of educational topics enhance each client's understanding of the various drugs of abuse, the process of chemical abuse and dependency, and the recovery process.
- The need for **Family Counseling** is initially identified during the assessment and is addressed on the ITP, with mental health counseling. Many family issues are addressed in the Matrix Model. Additional services are available through Family Group; education provided in these sessions often successfully provides tools for resolution for previously dysfunctional ways of interacting, as is often the case in families dealing with co-dependency and chemical dependence.
- The need for **linkage to vocational and literacy training** is first identified in the initial assessment for adults and is addressed in the ITP. Similar needs for academic

assistance are identified in the ADAD for adolescents. On-site training and community resources to be utilized are identified in the ITP.

- **Collateral Services**, which involve persons in relationship with the client, are used to support the client while in treatment. These services may take the form of a session with persons wanting to provide support; they are done without the client present.
- **Case Management** services provide the opportunity for RYGCA Substance Abuse Treatment Staff to network on the client's behalf, to coordinate services, and to collaborate regarding a client's treatment need, as long as the proper Releases of Information are signed and in place. Timely and pertinent communication between referring agencies and treatment staff regarding a client is accomplished with effective case management. This communication can be verbal or written, and is documented in the client's chart.
- **Treatment Planning** is based on the results of the ASI for Adult clients and the ADAD for Adolescent clients; additional screening tools are also utilized to assist treatment planning. An Individualized, culturally appropriate treatment plan (ITP) is designed in an individual session right after completing the assessment tool. ITPs are reviewed with the client and updated, at a minimum, every thirty (30) days. Individual sessions are utilized to review the ITP. For adults, the ITP targets problem areas such as chemical abuse/dependence, unresolved medical conditions, mental health conditions, legal issues, social support issues, employment issues and housing and financial issues associated with alcohol and or other drug use. For adolescents, the additional area of concern is related to school issues. ITP's include the length of treatment as well as the number of individual and group sessions.
- **Crisis Intervention Services:** This includes 24 hour a day services by phone with counseling staff or, during business hours an unscheduled individual session may be used when a client is on the verge of relapsing or in a life-threatening frame of mind. Clients are advised that crises may arise that warrant intervention. The RYGCA Substance Abuse Treatment staff is available to assist with crises or make the appropriate referral for in-house Mental Health assessment, Triage or services.
- A client's need for **Vocational Counseling and Job Retention training** is initially identified in the assessment. This need is addressed when the client and staff develop the client's ITP. Job Retention training, whether for adults or adolescents, is designed to address initial barriers to finding and maintaining suitable employment such as attitude, time management, social skills, communication and presentation by providing clients with information, education and scheduled activities.
- A client's need for **Relapse Prevention treatment**, skills and activities is crucial in early recovery and is addressed during the development of the ITP. Due to the fact that relapse is an inherent part of recovery, a large part of the Matrix Model is focused on Relapse Prevention.

- **Discharge Planning**

An individualized Exit Plan, which addresses the areas identified after completing the computerized Exit ASI for adults or Exit ADAD for adolescents, is done with the client at the end of the treatment episode. This process identifies unmet goals and/or unresolved issues. A plan is developed that addresses referrals for additional services as action steps. The required participation in Aftercare services, continued participation in 12-Step or other self-help recovery focused activities, and alumni activities is once again clearly outlined.

b. Four levels of intensity for outpatient services

Details of proposed activities for all four levels/components of outpatient services

Four levels of intensity for outpatient services are proposed to be available at two existing sites and two proposed sites as a part of RYGCA's Alcohol and Drug Outpatient Treatment Services for adults and for adolescents. After completing the assessment, a client will be placed in one of four levels of treatment, based on the clinical assessment of substance abuse history and current level of substance involvement, consequences of use related to health, employment, legal issues, family and relationship support and mental health, in line with the American Society of Addiction Medicine (ASAM) Criteria (**See Attachment Fiv**). The Level of Treatment will be discussed with the client and made a part of the ITP. Length of treatment and number of sessions will be made a part of the ITP. Treatment will not exceed four months in duration. Any services required beyond a 4-month episode will have written justification from ADS Administration consistent with the Continued Stay policy described in the DBH-ADS Provider's Manual.

Outpatient Level One:

RYGCA proposes Level One Treatment to be for those clients when the pattern of drug/alcohol use is non-intravenous, intermittent or episodic, and interferes with optimal functioning so that two or more areas on the assessment tool severity rating grid of the ASI or ADAD are rated at a severity level of at least two and not higher than three. This is in line with the ASAM criteria. Services for this level are detailed below:

- **Substance abuse evaluation and/or assessment**
- **A medical health questionnaire: (*See Attachment H*).**
- **ITP's:** based on the results of the assessment. Individuals in Level One Treatment will attend 2 Individual sessions, weekly groups for 16 weeks and have 3 Case Management contacts in no more than 4 months, the specifics of which are outlined in the ITP. ITP's are reviewed with the client and updated, at a minimum, every thirty (30) days.
- **Mental Health counseling:** is initially identified as a potential need during the assessment process. It is addressed with a referral for services.
- **Introduction to 12-Step or Other Self-help Recovery Groups/Activities:** is addressed for Level One Treatment by requiring 3 meetings a week with verified participation as a part of each client's ITP.
- **Individual Counseling sessions:** are an integral component in outpatient treatment. There will be a minimum of 2 individual sessions 50 minutes in length bi-weekly during the first month of Level One Treatment as identified in the ITP. .
- **Social model recovery-focused counseling:** is utilized in RYGCA Outpatient Substance Abuse Treatment Modality. .
- **Process Groups:** are one form of group sessions for Level One Treatment; they are a part of each client's treatment episode, as identified in the ITP. .
- **Substance abuse education groups:** are one and half hours in length. The number of groups is identified in each client's ITP, and is a required part of RYGCA Level One Treatment (**See Curriculum in Attachment I**)
- **Family Counseling:** is initially identified as a need during the assessment and is addressed on the ITP with referral for mental health counseling.
- **Linkage to vocational and literacy training:** is first identified as a need in the initial assessment and is addressed in the ITP.
- **Collateral Services:** may be utilized as one of the two individual sessions, with a person supportive of the client without the client present.

- **Case Management for Level One treatment is:** one contact per month for each of the last three months of Level One Treatment.
- **Discharge Planning:** is done in keeping with California Alcohol and Drug Program Certification Standards Section 12080. An individualized Exit Plan, which addresses the areas outlined by the exit ASI or ADAD, is done with the client at the end of the treatment episode. This is the last face-to-face treatment service for the client in Level One Treatment.

Summary of Level One Treatment: Level One Treatment clients will attend 12-Step group or self-help group/activity three times a week as well as attend the following proposal of treatment structured in line with the Matrix Model for Adults or Matrix Model for Adolescent Treatment. This includes:

1. A computerized assessment;
2. An individualized treatment plan after assessment (Time in session 1 hour);
3. Early Recovery Skills and Relapse Prevention Group 2 times a week for 4 weeks (Time in Group 2 ½ hours);
4. Family Education Group for once a week for 12 weeks (Time in Group 1 ½ hours);
5. Social Support Group one time a week for the last 4 weeks of Treatment (Time in group 1 ½ hours);
6. (Family Therapy session once every other week for two months for adolescents only); and
7. Computerized Exit assessment followed by Exit Planning Individual Session (Time in session 1 hour).
8. This level includes random, observed drug testing sessions.
9. Case Management 1 contact a month for last 3 months. Total Sessions: 2 individuals; 36 group sessions; 3 case management contacts.

Outpatient Level Two:

RYGCA proposes Level Two Treatment to be for those clients when the pattern of substance use is one to five years, who are unable to establish and maintain sobriety independently from a treatment program; have had a loss of employment, housing, children, or health as a result of substance involvement, with functioning in two or more areas on the assessment tool rated and at a severity level of at least a three. This is in line with the ASAM criteria (***See Attachment Kiv***). Services for this level are detailed below:

- **A medical health questionnaire: (*See Attachment H*)**
- **ITP's:** based on the results of the assessment, individuals in Level Two Treatment will attend a minimum of 4 bi-weekly individual sessions during the first two months of treatment, and weekly treatment group sessions for 16 weeks and have 2 Case Management contacts in the last two months of the treatment episode that lasts no longer than 4 months.
- **Mental Health counseling:** need identification happens initially during the assessment process and is addressed with a referral.
- **An introduction to 12-Step or other self-help recovery activities:** is addressed by requiring weekly participation as a part of each client's ITP for clients on Level Two. Verified attendance at 5 meetings and/or activities a week is required.
- **Individual Counseling sessions:** are an integral component in outpatient treatment. There will be 4 bi-weekly individual sessions 50 minutes in length during the first two months of treatment as identified in the ITP.
- **Social Model recovery-focused counseling:** is utilized by RYGCA's Outpatient Substance Abuse Treatment Modality.

- **Process Groups:** are a part of each adult and/or adolescent client's treatment episode in Level Two Treatment and are identified in the ITP.
- **Substance abuse education groups:** are one and half hours in length. The number of groups is identified in each client's ITP, and are a required part of RYGCA Level Two Treatment (*See Curriculum in Attachment I*)
- **Family Counseling:** is initially identified as a need during the assessment and is addressed on the ITP with referral for mental health counseling. Adolescents are provided Family Counseling as a part of their treatment for the first two months.
- **Linkage to vocational and literacy training:** is first identified as a need in the initial assessment and is addressed in the ITP.
- **Collateral Services:** may be utilized as one of the two individual sessions in speaking with a person in support of the client, without the client present.
- **There is one Case Management:** contact per month in the last two months of treatment in this proposal for Level Two Treatment.
- **Treatment Planning:** is based on the results of the ASI or ADAD and addresses all area on the assessment where the severity rating is a one or higher. ITPs are designed and reviewed with the client; they are updated every 30 days with the client.
- **Crisis Intervention Services:** are provided. This is an unscheduled individual session when a client is on the verge of relapsing or in a life-threatening frame of mind; it may be one of the 4 Individual sessions for a client in Level Two Treatment.
- **Vocational Counseling and Job Retention training:** is addressed in the ITP.
- **Relapse Prevention treatment:** is addressed in the Matrix model (*See Attachment G*)
- **Discharge Planning:** is done in keeping with California Alcohol and Drug Program Certification Standards Section 12080. An individualized Exit Plan, which addresses the areas outlined by the exit ASI or ADAD, is done with the client at the end of the treatment episode. This is the last face-to-face treatment service for the client in Level Two Treatment.

Summary of Level Two Treatment: clients will attend 12-Step group or self-help group/activity four times a week as well as attend the following proposal of treatment structured in line with the Matrix Model for Adults and the Matrix Model for Adolescents. This includes:

1. A computerized assessment;
2. An individualized treatment plan after assessment(Time in session 1 hour) second individualized treatment plan at 3 months(time in session 1 hour);
3. Early Recovery Skills and Relapse Prevention Group two times a week for four weeks with (Time in group 2 ½ hours);
4. Relapse Prevention Group for an additional 12 weeks, two times a week (Time in group is 1 ½ hour);
5. Family Education Group one time a week for 12 weeks (Time in Group 1 ½ hours);
6. Social Support Group one time a week for the last 4 weeks of Treatment (Time in group 1 ½ hours);
7. (Family Therapy session once every other week for two months for adolescents only);
8. There in one individual session allowed for Collateral session or Individual session as needed.
9. There is a case Management contact once a month for the last two months of treatment.
10. This level includes random, observed drug testing.

Total sessions: 48 groups; 4 Individual sessions, one case management contact.

Outpatient Level Three:

RYGCA proposes Level Three Treatment to be for those clients whose pattern of use has a history of 5 years or longer, may have Intravenous (IV) route of use and/or poly drug involvement which interferes with functioning so that two or more areas on the assessment tool severity rating is at a level of at least a three. This is in line with the ASAM criteria (*See Attachment Fvi*). Services for this level are detailed below:

- **Substance abuse evaluation and/or assessment:** are done by the client during the first contact, using the computerized ASI for adults and the computerized ADAD for adolescents. A narrative summary of the results is one of the tools utilized for determining Level Three as the appropriate level of service.
- **A medical health questionnaire: (*See Attachment H*)**
- **ITP's:** based on the results of the assessment, individuals in Level Three Treatment will attend 2 Individual sessions, 16 weeks of group sessions and have 3 Case Management contacts in no more than 4 months, the specifics of which are outlined in the ITP. ITP's are reviewed with the client and updated, at a minimum, every thirty (30) days. Individuals in Level Three Treatment will attend a minimum of 12 individual sessions, once a week for the first two months and bi-weekly for the last two months, along with weekly treatment group sessions for 16 weeks; there is no Case Management in this treatment episode. This level lasts no longer than 4 months.
- **Mental Health counseling:** is initially identified as a potential need during the assessment process and are addressed in the ITP.
- **Introduction to 12-Step or Other Self-help Recovery Groups/Activities:** is addressed for Level Three Treatment by requiring 5 meetings a week with verified participation as a part of each client's ITP
- **Individual Counseling sessions:** are an integral component in outpatient treatment. There will be weekly 50 minute individual sessions for the first two months of treatment and bi-weekly individual sessions for the remaining two months of treatment as identified in the ITP.
- **Social model recovery-focused counseling:** is utilized in RYGCA Outpatient Substance Abuse Treatment Modality as outlined in the Matrix Model for Adults and the Matrix Model for Adolescents.
- **Process Groups:** are one form of group sessions for Level Three Treatment; they are a part of each client's treatment episode, as identified in the ITP.
- **Substance abuse education groups:** are one and half hours in length. The number of groups is identified in each client's ITP, and are a required part of RYGCA Level Three Treatment (*See Curriculum in Attachment I*)
- **Family Counseling:** is initially identified as a need during the assessment and is addressed on the ITP with referral for mental health counseling..
- **Linkage to vocational and literacy training:** is first identified as a need in the initial assessment and is addressed in the ITP.
- **Collateral Services:** be utilized as an individual session held with a person who is in support of the client, without the client present.
- **Case Management for Level Three treatment is one contact per month for the last three months of treatment.**
- **Treatment Planning:** is based on the results of the ASI or ADAD and addresses all areas from the assessment tool where the severity rating is a one or higher. ITPs are

designed and reviewed with the client every 30 days.

- **Crisis Intervention Services:** are provided. This is an unscheduled individual session when a client is on the verge of relapsing or in a life-threatening frame of mind; it may be one of the 12 Individual sessions for a client in Level Three Treatment.
- **Vocational Counseling and Job Retention training:** is addressed in the ITP.
- **Relapse Prevention treatment:** is addressed in the Matrix model (**See Attachment G for Curriculum**). The need for Relapse Prevention Treatment is addressed in the ITP.
- **Discharge Planning:** is done in keeping with California Alcohol and Drug Program Certification Standards Section 12080. An individualized Exit Plan, which addresses the areas outlined by the exit ASI or ADAD, is done with the client at the end of the treatment episode. This is the last face-to-face treatment service for the client in Level Three Treatment.

Summary of Level Three Treatment: Clients will attend 12-Step group or self-help group/activity five times a week as well as attend the following proposal of treatment structured in line with the Matrix Model. This includes:

1. A computerized assessment;
2. As a part of 16 individual sessions for this level of treatment, some are identified for an individualized treatment plan after assessment, a new treatment plan at the end of three months and an Exit Plan after final exit assessment (time in individual sessions 1 hour);
3. Early Recovery Skills and Relapse Prevention Group two times a week for four weeks with (Time in group 2 ½ hours);
4. Relapse Prevention Group for an additional 12 weeks, two times a week (Time in group is 1 ½ hour);
5. Family Education Group one time a week for 12 weeks (Time in Group 1 ½ hours;
6. Social Support Group once time a week for the last 4 weeks of Treatment (Time in group 1 ½ hours);
7. Family Therapy session once every other week for two months for adolescents only).

There is no case management in this level of treatment. This level includes random, observed drug testing.

Total sessions: 48 groups; 16 individual sessions.

Outpatient Level Four:

RYGCA proposes Level Four Treatment to be for those clients who have successfully completed a residential treatment episode, per the requirements of the RFP. Because the structure of residential treatment has arrested drug/alcohol involvement, the severity scores on the ASI or ADAD may not reflect the true level of impairment. If past alcohol and or drug involvement interferes with functioning in more than two areas on the assessment tool and is rated at a severity level of at least a three or four, this is the appropriate level of service, and is in line with the ASAM criteria. Services for this level are detailed below.

Substance abuse evaluation and/or assessment: are done by the client during the first contact, using the computerized ASI for adults and the computerized ADAD for adolescents. Areas evaluated are medical, employment and support, alcohol and drug, legal, family and social, psychological. The narrative summary of the results is one of the tools utilized for determining Level Four as the appropriate level of service.

- **A medical health questionnaire:** is utilized as identified (**See Attachment H**).
- **ITP's:** based on the results of the assessment as identified.
- **Mental Health counseling:** is initially identified as a potential need during the

assessment process and is addressed with a referral for services.

- **Introduction to 12-Step or Other Self-help Recovery Groups/Activities:** is addressed for Level Four Treatment by requiring 7 meetings a week with verified participation as a part of each client's ITP.
- **Individual Counseling sessions:** are an integral component in outpatient treatment. There will be a minimum of 50 minute individual session for 4 weeks during the first month of treatment as identified in the ITP.
- **Social model recovery-focused counseling:** is utilized in RYGCA Outpatient Substance Abuse Treatment Modality. The content and structure of the program is identified in the Matrix Model for Adults and the Matrix Model For Adolescents.
- **Process Groups:** are one form of group sessions for Level Four Treatment; they are a part of each client's treatment episode, as identified in the ITP.
- **Substance abuse education groups:** are one and half hours in length. The number of groups is identified in each client's ITP, and are a required part of RYGCA Level Four Treatment (*See Curriculum in Attachment I*).
- **Family Counseling:** is initially identified as a need during the assessment and is addressed on the ITP with referral for mental health counseling.
- **Linkage to vocational and literacy training:** is first identified as a need in the initial assessment and is addressed in the ITP.
- **Collateral Services:** may be utilized as one of the individual sessions, with a person in support of the client in attendance, without the client present.
- **Case Management for Level Four treatment is:** one contact per month for each of the last three months of Level Four Treatment.
- **Treatment Planning:** is based on the results of the ASI or ADAD, and addresses all areas on the assessment where the severity rating is a one or higher. ITPs are designed and reviewed with the client every 30 days.
- **Crisis Intervention Services:** are provided. This is an unscheduled individual session when a client is on the verge of relapsing or in a life-threatening frame of mind; it may be one of the individual sessions for a client in Level Four Treatment.
- **Vocational Counseling and Job Retention training:** is addressed as identified in the ITP.
- **Relapse Prevention treatment:** is addressed in the Matrix model (*See Attachment G*).
- **Discharge Planning:** is done in keeping with California Alcohol and Drug Program Certification Standards Section 12080. An individualized Exit Plan, which addresses the areas outlined by the exit ASI or ADAD, is done with the client at the end of the treatment episode. This is the last face-to-face treatment service for the client in Level Four Treatment.

There is one Case Management per month for the last three months in this level of treatment. This level lasts no longer than 4 months.

Summary of Level Four Treatment: Clients will attend a 12-Step group or self-help group/activity seven times a week as well as attend the following proposal of treatment, structured in line with the Matrix Model. This includes:

1. A computerized assessment;
2. As a part of 4 individual sessions for this level of treatment, some are identified for the individualized treatment plan after assessment, a new treatment plan at three months and an Exit Plan after final exit assessment (time in individual sessions 1 hour);

3. Social Support Group once time a week for 16 weeks of Treatment (Time in group 1 ½ hours).

4. Family Therapy session once every other week for two months, for adolescents only.

There is one case management contact per month for the last three months of treatment.

This level includes random, observed drug testing. Total group sessions: 16 groups; 4 Individual sessions, 3 case management contacts.

The following methods, procedures and instruments, in addition to the County DBH selected tools format, will be used to assess or screen for appropriate placement and level of service of those seeking outpatient services. Included is how each client will be evaluated in terms of readiness for less intensive and self-help service prior to discharge.

- **Assessment** : for alcohol and drug outpatient service modality for adults and for adolescents, and for the co-occurring substance abuse and mental health disorders services modality detailed below is based on the clinical profile of the client and individual needs.
- The computerized **ASI and ADAD** are the assessment tool format used in San Bernardino County. RYGCA has extensive experience in administering both the ASI and the ADAD. The ability for the client to rate the severity of problems in the areas of drug and alcohol issues, medical issues, financial issues, legal issues, social support issues, mental health issues, academic or employment issues and housing issues that he/she is having is used as an indicator of the clinical profile which allows the clinical staff, with the client, to chose the best plan for treatment at the most appropriate level. **(See Attachment Ki,ii)**
- Another consideration is the extent of and history of alcohol and drug involvement. All treatment is individualized. However, RYGCA Treatment staff's experience in outpatient treatment allows us to make some generalizations as to the profiles of who would benefit from each Level of Treatment in the Alcohol and Substance Abuse Outpatient Services Proposal. For potential clients whose alcohol an/or drug involvement is non-intravenous, intermittent or episodic, and interferes with optimal functioning so that two of more of the above mentioned areas of the assessment tool are rated on the severity grid at a level of at least two and not higher than three, this client would be in **Level One Treatment**. This is in keeping with the ASAM Criteria. For potential clients whose alcohol an/or drug involvement is one to five years, who are unable to establish and maintain sobriety independent from a treatment program; have had a loss of employment, housing, children, or health as a result of substance involvement, with a functioning in two or more areas on the assessment tool rated at a severity level of at least a three, this client would be in **Level Two Treatment**. This is in keeping with the ASAM Criteria. For a client whose pattern of use has a history of five years or longer, may have intravenous route of drug use, poly-drug involvement and whose use interferes with functioning so that two or more areas on the assessment tool severity rating is at a level of at least a three, this client would be in **Level Three Treatment**. This is in keeping with the ASAM Criteria. For a Client whose pattern of use and effort in recovery has resulted in a completed treatment episode in residential treatment, this client would be in **Level Four Treatment**. Because the structure of residential treatment has arrested alcohol /drug involvement, the severity scores on the ASI or ADAD may not reflect the true level of impairment. This is in keeping with the ASAM criteria. Regarding the **assessment of clients with co-occurring** mental health and substance abuse disorders, RYGCA proposes to utilize a number of

additional diagnostic tools to aid in assessment in conjunction with the computerized ASI. A psycho-social mental health assessment will be done. The Global Assessment of Functioning Scale will be used to track clinical progress in regard to psychological, social and occupational functioning. **(See Attachment Kiii)** It may also be useful to track rehabilitation independent of the severity of psychological symptoms.

Assessment and Referral for adults without co-occurring disorders: Prior to administering the computerized ASI, the Prospective client meets with RYGCA Staff to read and sign all the necessary consents, releases of information, and acknowledgements of receiving required paperwork. Because RYGCA utilizes the computerized ASI, this can be done during most business hours the clinic is open. The purpose of the ASI is to determine the appropriate level of treatment. With the assessment complete, a counselor is able to make a recommendation as to the appropriate level of care; this is discussed with the client. Assuming there is consensus regarding the Level of Treatment, a prospective client is admitted, and a session to develop an individualized treatment plan (ITP) is scheduled. Without consensus, the prospective client will be given referral resources for other services, perhaps at another treatment program, or in another area of the community.

Assessment for Adults with Co-Occurring Disorders: The assessment tool for those with co-occurring disorders is the same with the following exception. A psychosocial assessment is also done to clarify the differential diagnosis; the Global Assessment of Functioning Scale (GAF) will also be utilized. **(See Attachment Kiii)**. These will assist in providing the best quality treatment and assessing outcomes. Assuming there is consensus regarding the Level of Treatment, a prospective client is admitted, and a session to develop an individualized treatment plan (ITP) is scheduled. Without consensus, the prospective client will be given referral resources for other services, perhaps at another treatment program, or in another area of the community.

Assessment for Adolescent Treatment: RYGCA's Adolescent Treatment Program is designed to meet the needs of adolescents between the ages 14-18 years old. We provide an age-appropriate Continuum of Care for adolescents in need of substance abuse outpatient treatment. RYGCA utilizes the computerized ADAD for adolescent assessments. After the ADAD is completed, the appropriate level of treatment is discussed with the prospective client and parents. Assuming there is consensus regarding the Level of Treatment, a prospective client is admitted, and a session to develop an individualized treatment plan (ITP) is scheduled. Without consensus, the prospective client will be given referral resources for other services, perhaps at another treatment program, or in another area of the community. The Youth Self-Report will be utilized as an additional assessment tool if the adolescent has a co-occurring disorder. This tool will assist in providing the best treatment, referrals as well as being an outcome measurement tool.

Summary of Co-Occurring Disorders Treatment clients will attend a 12-Step group or self-help group/activity three times a week as well as attend the following proposal of treatment structured in line with the Matrix Model. This includes:

1. A computerized assessment;
2. As a part of 36 individual sessions for this level of treatment some are identified for an individualized treatment plan after assessment, a new treatment plan at three months and an Exit Plan after final exit assessment (time in individual sessions 1 hour);
3. Early Recovery Skills and Relapse Prevention Group two times a week for four weeks with (Time in group 2 ½ hours);
4. Family Education Group one time a week for 12 weeks (Time in Group 1 ½ hours);

5. Medication Support Group once a week for 4 months.
6. Social Support Group once a week for the last 4 weeks of Treatment (Time in group 1 ½ hours).

There is no case management in this level of treatment.

7. This level includes random, observed drug testing. Total sessions: 40 groups; 18 individual sessions.

RYGCA's Treatment Goals and Objectives

Evaluating the effectiveness and efficiency of RYGCA's Outpatient Treatment Program will be an integral component of this proposal. RYGCA expects that through the substance abuse treatment, 12-Step or other self-help group involvement, and Aftercare activities, clients will increase their level of occupational potential and/or academic potential and attendance, significantly reducing incidences of relapse as well as decrease or resolve complications.

RYGCA has identified strategic goals, and each is connected to specific objectives and the desired results. With the results outlined below, RYGCA can ascertain how successful our outpatient treatment modalities are to the clients.

Goal 1: To provide a Continuum of Care that successfully engages a client's in substance abuse treatment.

Objective 1: 50% of the clients admitted and engaged in treatment for one month will complete the treatment episode.

Evaluation Tool: Admission and Discharge Data

Goal 2: To provide quality substance abuse treatment and services that are specific to the needs of the client's Individualized Treatment Plan

Objective 1: 50% of those clients who are engaged in treatment beyond one month will follow through on action steps on their Individualized Treatment Plan.

Evaluation Tool: Treatment Plan review results, as noted in the chart.

Goal 3: To provide coordination of services and resources to specifically address the problem indexes on the Individualized Treatment Plan.

Objective 2: 85% of the clients completing a treatment episode will demonstrate resolution of 75% of the problems identified on the Assessment Severity Rating Scale.

Evaluation Tool: Exit assessment results (ASI or ADAD) on file in client's file at site.

Goals And Objectives For Adolescent Clients

Evaluating the effectiveness and efficiency of RYGCA's Adolescent Outpatient substance abuse program component which is age-appropriate to the treatment of adolescents will be an integral component of the proposal. RYGCA expects that through substance abuse treatment, 12-Step or other self-help group involvement, and Aftercare participation for an additional 36 weeks after the completion of treatment, Adolescents will increase their level of academic potential and attendance, significantly reduce incidences of relapse, and decrease or resolve legal complications, and increase positive interactions with authorities.

RYGCA has identified age-appropriate strategic goals, and each is connected to specific objectives and the desired results. With the results outlined below, RYGCA can ascertain how successful our outpatient treatment modalities are to the clients.

Goal 1: To provide a Continuum of Care that successfully engages the adolescent client and parents in age-appropriate substance abuse treatment services.

Objective 1: 50% of the adolescents admitted and engaged in treatment for one month will complete the treatment episode.

Evaluation Tool: Admission and Discharge Data

Goal 2: To provide age-appropriate and culturally sensitive quality substance abuse treatment and services that are specific to the needs of the adolescent client's Individualized Treatment Plan

Objective 1: 50% of those adolescent clients who are engaged in treatment beyond one month will follow through on age-appropriate action steps on their Individualized Treatment Plan.

Evaluation Tool: Treatment Plan review results, as noted in the chart.

Goal 3: To provide coordination of age-appropriate and culturally sensitive services and resources to specifically address the problem indexes on the adolescent's Individualized Treatment Plan.

Objective 2: 85% of the clients completing a treatment episode will demonstrate resolution of 75% of the problems identified on the Adolescent Drug Abuse Diagnosis questionnaire.

Evaluation Tool: Exit assessment results ADAD on file in client's file at site.

Evaluating the effectiveness and efficiency of RYGCA's Adolescent Outpatient substance abuse program component which is age-appropriate to the treatment of adolescents will be an integral component of the proposal. RYGCA expects that through substance abuse treatment, 12-Step or other self-help group involvement, and Aftercare participation for an additional 36 weeks after the completion of treatment, Adolescents will increase their level of academic potential and attendance, significantly reduce incidences of relapse, and decrease or resolve legal complications, and increase positive interactions with authorities.

RYGCA has identified age-appropriate strategic goals, and each is connected to specific objectives and the desired results. With the results outlined below, RYGCA can ascertain how successful our outpatient treatment modalities are to the clients.

Goal 1: To provide a Continuum of Care that successfully engages the adolescent client and parents in age-appropriate substance abuse treatment services.

Objective 1: 50% of the adolescents admitted and engaged in treatment for one month will complete the treatment episode.

Evaluation Tool: Admission and Discharge Data

Goal 2 : To provide age-appropriate and culturally sensitive quality substance abuse treatment and services that are specific to the needs of the adolescent client's Individualized Treatment Plan

Objective 1: 50% of those adolescent clients who are engaged in treatment beyond one month will follow through on age-appropriate action steps on their Individualized Treatment Plan.

Evaluation Tool: Treatment Plan review results, as noted in the chart.

Goal 3: To provide coordination of age-appropriate and culturally sensitive services and resources to specifically address the problem indexes on the adolescent's Individualized Treatment Plan.

Objective 2: 85% of the clients completing a treatment episode will demonstrate resolution of 75% of the problems identified on the Adolescent Drug Abuse Diagnosis questionnaire.

Evaluation Tool: Exit assessment results ADAD on file in client's file at site.

Goals and Objectives for clients with Co-Occurring Disorders

Goal 1: To assist in clients developing self-sufficiency, accountability and

responsibility that will promote long term abstinence.

Objective 1: Of clients who enroll in Co-Occurring Disorders Treatment and participate for one month or more, 50% will successfully complete a treatment episode.

Evaluation Tool: Simon Data on Admission and Discharge dates

Objective 2: Of those who successfully complete a treatment episode, 90% of clients will have an aftercare recovery plan in place that includes 12-Step or other self-help groups and activities

Evaluation Tool: Copy of Aftercare Plan to be on file at agency.

Objective 3: 90% of clients who complete a treatment episode will attend one or more functions a week at a Mental Health Clubhouse to increase social activities by 30%.

Evaluation Tool: Proof of attendance sheet in client's file at site.

Objective 4: 90% of the clients who complete a treatment episode will have enrolled in a GED Prep or Computer Skills training class in order to increase job readiness.

Evaluation Tool: Proof of enrollment on file in client's file at site.

Goal 2: To increase use of community opportunities for the development of self-supportive activities.

Objective 1. Of those with Co-Occurring Disorders who complete a treatment episode decrease by 50 % incidence of higher cost mental health services, such as mental health crises sessions and hospitalizations.

Evaluation Tool: Follow-up questionnaire completed and in client's file

Treatment Modality Components for Adults with Co-Occurring Disorders:

With the unique capacity to treat both conditions in an integrated fashion with staff trained in both disciplines, RYGCA has 30 years experience providing Substance Abuse and Mental Health Disorders Service Modality. In keeping with the evidence-based recovery-focused program, the Matrix Model of Treatment for Substance Abuse and Dependency Disorders, there is a strong component of participation 12-Step or other self-help group or activity required in order for clients to be successful. All treatment components for Co-Occurring Substance Abuse and Mental Health Disorders Modality are outlined below:

Treatment Components for Co-Occurring Disorder Service:

RYGCA proposes six months of treatment to be for those clients who have a co-occurring substance abuse and mental health disorders. They must have alcohol or drug involvement which interferes with functioning so that two or more areas on the assessment tool severity rating are at least a two rating. The ASAM criteria recommendation of intensive services will be followed. **(See Attachment Kiv for Intensive Outpatient Treatment).** Services for this level are detailed below:

- **Substance abuse evaluation and/or assessment:** are done by the client during the first contact, using the computerized ASI.
- **Mental Health Psycho-social Assessment with Global Assessment of Functioning scale is done.**
- **A medical health questionnaire:** is utilized per county guidelines.
- **ITP's:** are based on the results of the assessment. Individuals in Treatment will attend 18 Individual sessions, 40 treatment group sessions and have 3 Case Management contacts in no more than 6 months, the specifics of which are outlined in the ITP. ITP's are reviewed with the client and updated, at a minimum, every thirty (30) days.

- **Mental Health counseling:** is identified and addressed on the ITP.
- **Introduction to 12-Step or Other Self-help Recovery Groups/Activities:** is addressed for Co-Occurring Treatment by requiring attendance once a week in a 12 step or self help group and 3 times a week in a Mental Health Clubhouse Model Program, with verified participation as a part of each client's ITP.
- **Individual Counseling sessions:** are an integral component in outpatient treatment. There will be weekly 50 minute individual sessions for the first two months of treatment and bi-weekly individual sessions for the three remaining months of treatment as identified in the ITP.
- **Social model recovery-focused counseling:** is utilized in RYGCA Outpatient Substance Abuse Treatment Modality as outlined in the Matrix Model for Adults and the Matrix Model for Adolescents
- **Process Groups:** are one form of group sessions for Co-Occurring Treatment; they are a part of each client's treatment episode, as identified in the ITP.
- **Substance abuse education groups:** are one and half hours in length. The number of groups is identified in each client's ITP, and is a required part of RYGCA Co-Occurring Treatment (**See Curriculum in Attachment I**)
- **Family Counseling:** is initially identified as a need during the assessment and is addressed on the ITP with referral for mental health counseling.
- **Linkage to vocational and literacy training:** is first identified as a need in the initial assessment and is addressed in the ITP.
- **Collateral Services:** and may be utilized as one of the two individual sessions with a person in support s of the client, without the client present.
- **Case Management for Co-Occurring treatment is one contact per month for each of the six months of treatment.**
- **Treatment Planning:** is based on the results of the ASI , and addresses all area on the assessment where the severity rating is a one or higher. ITPs are designed and reviewed with the client every 30 days.
- **Crisis Intervention Services:** are provided. This is an unscheduled individual session when a client is on the verge of relapsing or in a life-threatening frame of mind; it may be one of the Individual sessions for a client in Co-Occurring Treatment.
- **Vocational Counseling and Job Retention training:** is addressed in the ITP.
- **Relapse Prevention treatment:** is addressed in the Matrix model (**See Attachment G for Curriculum**). The need for Relapse Prevention Treatment is addressed in the ITP.
- **Discharge Planning:** is done in keeping with California Alcohol and Drug Program Certification Standards Section 12080. An individualized Exit Plan, which addresses the areas outlined by the exit ASI or ADAD, is done with the client at the end of the treatment episode. This is the last face-to-face treatment service for the client in Level Three Treatment.

Dual Diagnosis Treatment: Dual Diagnosis Treatment is provided, based on co-occurring disorders. Utilizing the Matrix Model for adults in conjunction with a Medication Support group program is utilized to treat clients with co-occurring disorders. The aim of this program is to assimilate the individual with a co-occurring disorder into the mainstream of treatment. Prospective clients are admitted into the appropriate level of

treatment based on the results of the ASI and ASAM Criteria. According to ASAM Criteria, safe medical detoxification from all benzodiazepines and alcohol is of required prior to admission into an outpatient substance abuse treatment setting. Thereafter, stabilization on psychotropic medication and abstinence from alcohol and all non-prescription drugs is critically important in order to successfully participate in outpatient substance abuse treatment. A Medication Compliance Group has been designed for this population to promote understanding of the need for medication compliance as it relates to mental stability and more productive living. In addition, each client is also required to attend 12-Step and or self-help recovery groups and or activities. Random observed drug testing is utilized as a therapeutic tool throughout treatment, as outlined in this Attachment (B) under General Services. Aftercare services for clients with co-occurring disorders are a part of RYGCA's Continuum of Care; Regular attendance and involvement in local Mental Health Clubhouse Recovery Model is required; 12-Step attendance and participation is also required.

- **All facilities are ADA compliant and accessible.**
- **Staff to client ratio and number of clients to be served (See Attachments C & D)**
- **Enhancements (See Attachments C & D)**

AGREEMENT FOR SUBSTANCE ABUSE AND CRIME PREVENTION ACT
(SACPA) SERVICES

CONTRACTOR NAME: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSN.

Contractor shall:

Comply with all SACPA Regulations found in Title 9 California Code of Regulations (CRC), commencing with Section 9500 and including:

9530(f): With the exception of specific requirements included in (g), (h), and (i) of Section 9530, determination of allowable and allocable costs under the Act shall be made utilizing the guidelines contained in the Act and in cost principles published by the Federal Office of Management and Budget (OMB). The County shall follow OMB Circular A-87, "Cost Principles of State, Local and Indian Tribal Governments". Public and Private contractors shall follow OMB Circular A-122, "Cost Principles for Non-Profit Organizations".

9530(k) (2): The County shall monitor and document activities to ensure that funds are not used to supplant funds from any existing fund source or mechanism currently used to provide drug treatment services in the County.

9535 (e): The Contractor shall retain all records documenting use of funds for a period of five years from the end of the fiscal year or until completion of the State Department of Alcohol and Drug Program's annual audit and resolution of any resulting audit issues if the audit is not resolved within five years.

9545 (a): Counties shall annually audit any public or private contractors with whom they have agreements and who expend \$300,000 or more in funds to ensure compliance with provisions of the Act, the requirements of Chapter 2.5 of Title 9, CRC, and the County terms and conditions under which the funds were awarded. Counties may, at their discretion, conduct such audits, contract for the performance of such audits, or require the public or private contractors to obtain such audits.

9545 (b): The audit shall be conducted in accordance with generally accepted government auditing standards as described in "Government Auditing Standards (1994 Revision)", published for the United States General Accounting Office by the Comptroller General of the United States.

9545 (d): The written audit report shall establish whether the Contractor expended funds in accordance with the provisions of the Act, the requirements of Chapter 2.5 of Title 9, CRC, and the County terms and conditions under which the funds were awarded.

9545 (e): When a County audit finds that a public or private contractor has misspent funds based on the requirement of Title 9, CRC, Section 9530, the County shall demand repayment from the Contractor in the amount of such audit findings and shall deposit the

recovered funds into the County's trust fund established pursuant to Title 9, CRC, Section 9517. Such recovery of funds shall be reported to the Department on the Annual Financial Status Report Substance Abuse and Crime Prevention Act of 2000" (Form 10096, New 10/01), and the specific amount recovered shall be identified in the "Comments/Remarks" line on the same report. The County shall maintain an audit trail to identify the specific audit periods for which recoveries are reported.

9545 (g): Notwithstanding subsection (a) of Section 9545, any public or private contractor who is required to obtain a single audit pursuant to OMB Circular A-133 and who receives funding under the Act, shall ensure that the single audit addresses compliance with the requirements of the Act. The County may rely on the single audit as fulfilling its responsibilities in Section 9545(a).

9545 (h): Audit work papers supporting the report shall be retained for a period of five years from the issuance of the audit report and the County shall make such work papers available to the State Department of Alcohol and Drug Programs upon request.

---END OF ADDENDUM---

AGREEMENT ON UNION ORGANIZING

CONTRACTOR NAME: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSN.

Contractor, by signing this Contract, hereby acknowledges the applicability of California Government Code Sections 16645 through Section 16649 to this Contract.

1. Contractor will not assist, promote or deter union organizing by employees performing work on a state service contract, including a public works contract.
2. No state funds received under this Contract will be used to assist, promote or deter union organizing.
3. Contractor will not, for any business conducted under this Contract, use any state property to hold meetings with employees or supervisors, if the purpose of such meetings is to assist, promote or deter union organizing unless the state property is equally available to the general public for holding meetings.
4. If Contractor incurs costs, or makes expenditures to assist, promote or deter union organizing, Contractor will maintain records sufficient to show that no reimbursement from state funds has been sought for these costs, and Contractor shall provide those records to the Attorney General upon request.

---END OF ADDENDUM---